MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

15901

City of Wallace — Registration District No. 10 — File No.

No. ..... St. — Primary Registration District No. 1011 — Registered No. 58

Hospital Providence

FULL NAME OF CHILD Susana McGuckin Miller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	One	3rd	Yes	Aug 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Miller	FULL MAIDEN NAME	Mary McKenna
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the [illegible] make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Des Mowery

Physicians

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida

Filed Aug. 30, 1913 [illegible]

Registrar — Registrar

R-Y CO. 20174

BUREAU OF VITAL STATISTICS

STATE OF OHIO

CERTIFICATE OF DEATH

962-21.040-

PLACE OF BIRTH [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital ____

Registration District No. 70

Primary Registration District No. 1011

File No. 15902

Registered No. 59

FULL NAME OF CHILD James Marvel Robertson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 21 1913

FATHER		MOTHER	
FULL NAME	Jas P. Robertson	FULL MAIDEN NAME	Dalie Robinson
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N.Y.	BIRTHPLACE	Mich
OCCUPATION	Barkeeper	OCCUPATION	HW

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was James (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or Midwife)

Address Wallace, Idaho.

Given names added from a supplemental report

....., 19....

Registrar

Filed Aug. 29, 1913 [signature] Registrar

S-Y CO., 16670

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Umatilla }

Certificate No. 15902
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for James Marvel Robynson (Name on original certificate) who was born (Was born or died) on Aug. 21, 1913 (Date of event)
in Wallace Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on years ago (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	James Marvel Robinson	James Marval Robertson
Surname of father and son	Robinson	Robertson

Subscribed and sworn to before me this 23rd day of October, 19 41.
N. D. McFaul
Notary Public, residing at Echo, Ore.
My commission expires June 29, 1945
[SEAL]

Signed Lilia Robertson Hughes
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)
Stanfield, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Umatilla }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 19 41.
N. D. McFaul
Notary Public, residing at Echo Ore.
My commission expires June 29, 1945
[SEAL]

Signed Geo. S. Hughes
(Signature of any credible person other than the previous affiant.)
Stanfield Oregon
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Riverdale Registration District No. 27 File No. 15903

No. ..... St. Primary Registration District No. 2119 Registered No. 75

Hospital .....

FULL NAME OF CHILD Mildred Borcham Peart

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) – 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Peart	FULL MAIDEN NAME	Elizabeth Borcham
RESIDENCE	Riverdale, Ida	RESIDENCE	Riverdale, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Salt Lake City, Ut.	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Filed 9-2 1913 Allen R Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

OCT 15 1941

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

867-219-021-695

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15904

Primary Registration District No. 2119 Registered No. 99

FULL NAME OF CHILD Bessie Hoggan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	8 19 1913

FATHER

FULL NAME: James Hoggan

RESIDENCE: Preston, Idaho.

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Scotland

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: Vernetia E. Winward

RESIDENCE: Preston, Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: South Jordan, Utah.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen P. Cutler

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-5- 19 13 Allen P. Cutler Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 2 6 1973

155 22 1 02 1-133

PLACE OF BIRTH

Form V. S. No. 11-O [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15966

County of Franklin

City of Preston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2II9 Registered No. 98

Hospital

FULL NAME OF CHILD Martha Ann

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 21 1913

FATHER	MOTHER
FULL NAME: Andrew Johnson Jenkins	FULL MAIDEN NAME: Clara Allen
RESIDENCE: Preston, Idaho	RESIDENCE: Preston, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Fairview, Idaho	BIRTHPLACE: Battlecreek, Idaho
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Carter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 9-5-1913 Allen R. Carter Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

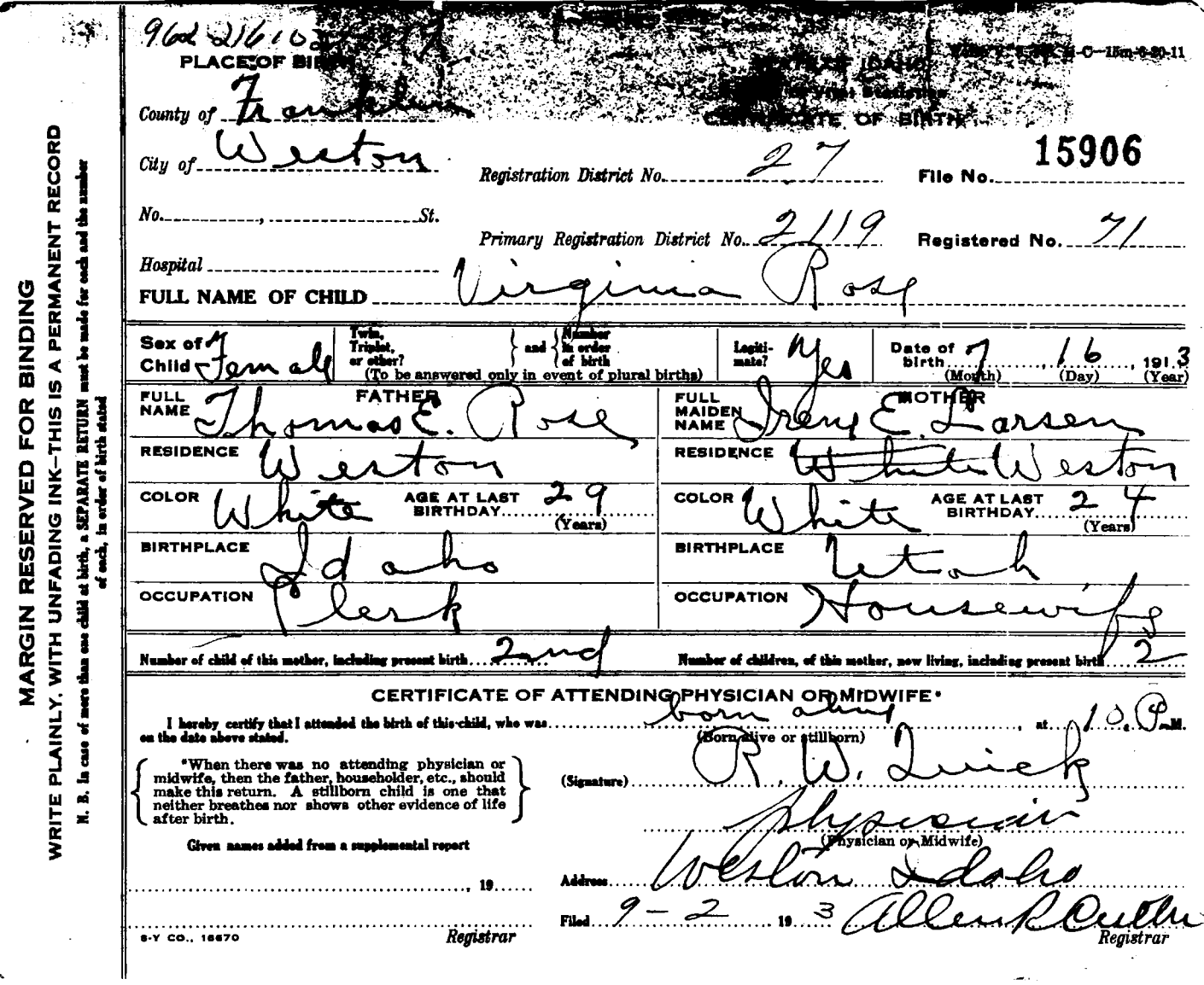
Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

JUL 18 1968



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

962 216 10

PLACE OF BIRTH

County of Franklin

City of Weston

No. ....., ... St.

Hospital .....

FULL NAME OF CHILD Virginia Rose

STATE OF IDAHO
Division of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. 1-C—15m-6-20-11

Registration District No. 27 File No. 15906

Primary Registration District No. 2119 Registered No. 71

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	7 16 1913

FATHER		MOTHER	
FULL NAME	Thomas E. Rose	FULL MAIDEN NAME	Irene E. Larsen
RESIDENCE	Weston	RESIDENCE	~~White~~ Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Weston Idaho

Filed 9-2 1913 Allen R Cutler Registrar

Registrar

S-Y CO., 16670

AUG 18 1960

271-122-021-155

Form V. S. No.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 15907

No. ..... St.

Primary Registration District No. 2119 Registered No. 76

Hospital .....

FULL NAME OF CHILD Edwin Samuel Spackman

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 7 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Spackman	FULL MAIDEN NAME	Iris Jensen
RESIDENCE	Preston, Ida.	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Provo, Utah	BIRTHPLACE	Preston, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 9-2 1913 Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 2 1974

303.126.021-415

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15908

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 78

FULL NAME OF CHILD Samuel Lee Cutler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	7 26 1913

FATHER	MOTHER
FULL NAME Samuel V. Cutler	FULL MAIDEN NAME Mabel Davis
RESIDENCE Preston, Idaho	RESIDENCE Preston
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Round Valley Utah	BIRTHPLACE Preston, Ida.
OCCUPATION Day Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-2 19 13 Allen R Cutler
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

292 200-021-695

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15909

Primary Registration District No. 2119 Registered No. 73

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Melvin J. Bishop	FULL MAIDEN NAME	Polly Ocelia Wrinwald
RESIDENCE	Preston, Idaho	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Murray, Utah	BIRTHPLACE	Jordan, Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alan R. Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 9-2 1913 Alan R. Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of .....

331-117-021-314

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 15910

No. ..... St.

Primary Registration District No. 2119 Registered No. 72

Hospital .....

FULL NAME OF CHILD Melvin Clayton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) – 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edward Thomas Clayton	FULL MAIDEN NAME	Rosa Nell Lamoreaux
RESIDENCE	Preston, Idaho	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Franklin, Idaho	BIRTHPLACE	Logan, Utah
OCCUPATION	Paper Hanger	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 9-2 1913 Allen R Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1970

County of

Dup of 1913-17133

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

VB-107-021-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15911

Primary Registration District No. 2119 Registered No. 74

FULL NAME OF CHILD Milton Wilcox Dalley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 (Month) - 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Abram Fitzgerald Dalley	FULL MAIDEN NAME	Stella Altana Wilcox
RESIDENCE	Whitney, Ida.	RESIDENCE	Whitney, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Draper, Utah	BIRTHPLACE	Marion Ward, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 9-2 1913 Allen R Cutler
Registrar

S-Y CO. 20174

MAY 13 1965

449.203.021-659

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin,

City of Franklin,

No. ....., ... *St.*

Hospital .....

Registration District No. 27 **File No.** 15912

Primary Registration District No. 2119 **Registered No.** 79

FULL NAME OF CHILD Gladys Durrant

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: May 3, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Fred Durrant	FULL MAIDEN NAME: Myrtle Whitehead
RESIDENCE: Franklin, Idaho.	RESIDENCE: Franklin, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: White, — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Franklin, Idaho.	BIRTHPLACE: Franklin, Idaho.
OCCUPATION: Farmer,	OCCUPATION: Housewife,

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R. Culter
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

366-205-021-695

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston

No ....., ... *St.*

Hospital .....

Registration District No 27 **File No.** 15913

Primary Registration District No. 2119 **Registered No.** 80

FULL NAME OF CHILD Lorena Grace

Sex of Child Female	**Twin, Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of birth** May 5 (Month) (Day) 1913 (Year)

FATHER	**MOTHER**
FULL NAME B. C. Loftus	**FULL MAIDEN NAME** Rose Winger
RESIDENCE Preston, Idaho.	**RESIDENCE** Preston,
COLOR White **AGE AT LAST BIRTHDAY** 29 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 27 (Years)
BIRTHPLACE Tennessee	**BIRTHPLACE** Murcer County, Missouri
OCCUPATION Farmer,	**OCCUPATION** Housewife

Number of child of this mother, including present birth 3 **Number of children, of this mother, now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R Cutler Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

(Stamp No. _____)

1

869-116-021-862

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH **15914**

County of Franklin,

City of Whitney

No. ....., ... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 81

FULL NAME OF CHILD Tadao Horiye

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June 16 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: S. Horiye	FULL MAIDEN NAME: Miss. Yoshii
RESIDENCE: Whitney, Idaho.	RESIDENCE: Whitney, Idaho.
COLOR: Japanese — AGE AT LAST BIRTHDAY 26 (Years)	COLOR: Japanese — AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE: Kochi Ken Japan	BIRTHPLACE: Japan
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 ..... Number of children, of this mother, now living, including present birth 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sates

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R Cutler

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 22 1967

Form V. S. No. 11-C—10m-3-7-

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Dup 081913-14784

753-147-021-617

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 27 **File No.** 15915

Primary Registration District No. 2119 **Registered No.** 82

FULL NAME OF CHILD Ernest John Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 17, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christiansen Petersen	Hannan Wagner
RESIDENCE	Preston, Idaho.	Preston, Idaho.
COLOR / AGE AT LAST BIRTHDAY (Years)	White, 36	White 31
BIRTHPLACE	Esberg, Denmark	Budo , Norway,
OCCUPATION	Shoemaker	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stathis

Physician.

(Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 9—5—1913 Allen R. Mullen *Registrar*

SYMS - YORK CO., PTRS. & BORS. 17826

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 15915

County of Santa Clara } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ernest Yohou Peterson (Name on Original Certificate) who born (Was Born or Died) on June 17th, 1913 (Date of Event)

in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Peterson	Petersen
Name	Ernest Yohou	Ernest John Petersen

Subscribed and sworn to before me this 8th day of October, 19 42.

E V Russell

Notary Public, residing at San Jose, Calif.

My commission expires January 31, 1946

(Seal)

Signed Johanna Petersen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

420 E. San Fernando St. San Jose, Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Santa Clara }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of October, 19 42.

E V Russell

Notary Public, residing at San Jose, Calif.

My commission expires January 31, 1946

(Seal)

Signed Ralph E Williams

(Signature of Any Credible Person Other Than Previous Year)

210 S. 1st St. San Jose, Cal.

(Street Address, City, State)

OCT 1 3 1942

[redacted] 02-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 15916

County of Franklin

City of Battle Creek

*No*_____, _____ *St.*

Hospital _____

Registration District No. 27 **File No.**_____

Primary Registration District No. 2119 **Registered No.** 83

FULL NAME OF CHILD Alvin George Winn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	June 23 1913

FATHER	MOTHER
FULL NAME J. W. Winn	**FULL MAIDEN NAME** Tena Foss
RESIDENCE Battle Creek, Idaho.	**RESIDENCE** Battle Creek, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 42 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 32 (Years)
BIRTHPLACE Summit, Utah.	**BIRTHPLACE** Hyrum, Utah,
OCCUPATION Farmer,	**OCCUPATION** Housewife.

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

(Signature) G. W. Slater

Physician (Physician or Midwife)

Address Preston, Idaho.

Filed 9-5 1913 Allen Weller *Registrar*

SYMS - YORK CO., PTRS. & BORS. 17826

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAY 15 1973

299-226-021-469

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Franklin,

City of Preston

No. ....., ... *St.*

Hospital .....

Registration District No. 27 **File No.** 15917

Primary Registration District No. 2119 **Registered No.** 86

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	May 26 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Alma Bert Brimhall	FULL MAIDEN NAME: Clara Dorius
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 47 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Union, Utah.	BIRTHPLACE: Ephraim, Utah.
OCCUPATION: Harnessmaker	OCCUPATION: Housewife,

Number of child of this mother, including present birth 9 ..... Number of children, of this mother, now living, including present birth 9 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed June 1913 Allen R. Carter Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

366 207 021-793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15918

County of Franklin, Idaho.

City of Franklin.

No ....., ... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 87

FULL NAME OF CHILD Dora A. Lowe

Sex of Child Female	**Twin, Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of birth** July (Month) 7, (Day) 1913 (Year)

FATHER	**MOTHER**
FULL NAME John Thomas Lowe,	**FULL MAIDEN NAME** Lillian Gilbert
RESIDENCE Franklin, Idaho.	**RESIDENCE** Franklin, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 24 (Years)
BIRTHPLACE Franklin . Idaho.	**BIRTHPLACE** Richmond, Utah.
OCCUPATION Carpenter & Farmer	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2 **Number of children, of this mother, now living, including present birth** 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borne alive (Born alive or stillborn) at 4.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician (Physician or Midwife)

Address Preston, Idaho.

Filed 9-5 1913 Allen R Cutler Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

AUG 29 1942

854-105-021-133

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Weston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 15919

Primary Registration District No. 2119 **Registered No.** 89

FULL NAME OF CHILD Howard Allen Heusser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month), 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Heusser	FULL MAIDEN NAME	Ida Allen
RESIDENCE	Weston, Idaho	RESIDENCE	Weston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City, Utah,	BIRTHPLACE	Draper, Utah.
OCCUPATION	Farmer,	OCCUPATION	Housewife,

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive (Born alive or stillborn) at 2 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sates

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 9-5 19 3 Allen R Cutler *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-S—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 28 1965

695:210:021-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15920

County of Franklin,

City of Winder

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 90

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 10 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Asa L. Winger	FULL MAIDEN NAME: Merilder Taylor
RESIDENCE: Winder . Idaho.	RESIDENCE:
COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Pickard, Missouri	BIRTHPLACE: Poverty Flat, Idaho.
OCCUPATION: Farmer,	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 ..... Number of children of this mother now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Staten

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 9—5 1913 Allen R Cutler *Registrar*

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-18-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

663-211-021-553

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Winder

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 15921

Primary Registration District No. 2119 **Registered No.** 88

FULL NAME OF CHILD Anna Follet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 11, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Orion Follett	FULL MAIDEN NAME: Emogene Nelson,
RESIDENCE: Winder . Idaho.	RESIDENCE: Winder, Idaho,
COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Hyde Park, Utah.	BIRTHPLACE: Bear River City, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 ..... Number of children of this mother now living, including present birth 5 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive (Born alive or stillborn), at 4.06 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address: Preston, Idaho.

Filed: 5 19 3 Allen R Cutler *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1963

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Address

Ind.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

527-112-021-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15922

County of Franklin

City of Banida

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 91

FULL NAME OF CHILD Angus H. Esplin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 12 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ether Esplin.	FULL MAIDEN NAME: Sarah Alice Hardy.
RESIDENCE: Banida, Idaho.	RESIDENCE: Banida, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Orderville, Utah.	BIRTHPLACE: Salt Lake City, Utah,
OCCUPATION: Farmer,	OCCUPATION: Housewife,

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slater

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 9-5 1913 Allen R Cutler Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 20 19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-215-02-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15923

Primary Registration District No. 2119 Registered No. 92

FULL NAME OF CHILD Genevieve Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Aug 15 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Ervin Davis	FULL MAIDEN NAME: Viola Manning
RESIDENCE: Clifton, Idaho.	RESIDENCE: Clifton, Idaho.
COLOR: White, AGE AT LAST BIRTHDAY: 22 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Clifton, Idaho.	BIRTHPLACE: Preston, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 9-5- 1913 [signature] Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

639-118-021-689

PLACE OF BIRTH

Form V. S. No. M-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

15924

County of Franklin,

City of Franklin,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 93

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Levi Oliverson	FULL MAIDEN NAME	Marhha Whitehead
RESIDENCE	Franklin, Idaho.	RESIDENCE	Franklin, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~38~~ 46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R. Cutler

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 16-C—20m-2-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

313-221 021-264

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15925

Primary Registration District No. 2119 Registered No. 94

FULL NAME OF CHILD Freda Lake

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 21, 1913

FATHER	MOTHER
FULL NAME: Lyman Lake,	FULL MAIDEN NAME: Lydia Bodily
RESIDENCE: Fairview, Idaho.	RESIDENCE: Fairview, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 50 (Years)
COLOR: White,	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Hyrum, Utah.	BIRTHPLACE: Fairview, Idao.
OCCUPATION: Farmer	OCCUPATION: Housewife,

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slater,

Physician, (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9—5— 1913 Allen Wells Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 2 3 1975

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 23 9 32 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 15925

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lake (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1913 (Date of Event)
in Fairview, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Freda Lake

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of
July, 1975

Marie F. Perry
Notary Public, residing at Idaho Falls, Idaho
My commission expires 2/2/77
(Seal)

Signed Dale L. Bigler
(Signature of Any Credible Person)

132 7th St Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/23/75

JUL 31 1975

Membership record from the LDS Church gives name as Freda Lake Young born Aug 21, 1913 at Fairview, Idaho. father's name as Lyman J. Lake and Bodily, Lydia as the mother's name. Baptized Aug. 7, 1921. viewed by V. S.

Insurance policy from the New York Life Ins. Co. dated Nov. 18, 1965 gives name as Freda Young. Policy No. 30 842 450. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-223-021-168

PLACE OF BIRTH

Form V. S. No. 11-G-[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin.

City of Franklin.

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15926

Primary Registration District No. 2119 Registered No. 95

FULL NAME OF CHILD Luana Packer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 23, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Manual Packer.	FULL MAIDEN NAME	Loretta Johnson.
RESIDENCE	Franklin, Idaho.	RESIDENCE	Franklin, Idaho.
COLOR	White	COLOR	White,
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Franklin. Idaho.	BIRTHPLACE	Snowville, Utah,
OCCUPATION	Farmer.	OCCUPATION	Housewife,

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician, (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 9-5 1913 Allen L. Culter Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible]

NOV 1 1944

ORK

319.131.021-114

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Fairview,

No. ..... St.

Hospital .....

Registration District No. 27

File No. 15927

Primary Registration District No. 2119

Registered No. 96

FULL NAME OF CHILD Vaughn Jamison Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug, 31, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Willard Larsen.	FULL MAIDEN NAME: Anna Jamison
RESIDENCE: Fairview, Idaho.	RESIDENCE: Fairview, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 36 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Logan, Utah.	BIRTHPLACE: Bennington, Idaho.
OCCUPATION: Farmer,	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 12 1975
OCT 14 1975

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

26423-421-799

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15928
Local Reg. No.
Reg. Dist. No. 27

Amended 11/4/74

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Preston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Alba
b. (Middle):
c. (Last): Bodily

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 23, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle): J.
c. (Last): Bodily

8. AGE (At time of this birth): 37 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kaysville, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Eva
b. (Middle): May
c. (Last): Griffith

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Hyde Park, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Allen P. Cutler

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Preston, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 9-2-13

22. REGISTRAR'S SIGNATURE: Allen R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 12 AM

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 31 8 45 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 15928

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Vera Bodily (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Vera Bodily	Alba Bodily

Subscribed and sworn to before me this 30 day of October, 1974.

Lucille L. Fitzgerald
Notary Public, residing at Logan, Utah
My commission expires 12-28-76
(Seal)

Signed Lloyd Gardner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of October, 1974.

Lucille L. Fitzgerald
Notary Public, residing at Logan, Utah
My commission expires 12-28-76
(Seal)

Signed Randall L. Gardner
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 10/22/74 nm

Ceryif. of Blessing from LDS Church gives name as Alba Bodily daughter of Henry J Bodily and Eza Griffith. born July 23, 1913 at Preston, Idaho. Was Blessed Nov. ?, 1913. viewed by V. S.

Marriage certificate from Utah gives namesas Lloyd Gardner and Alba XXXXXXBodily. Aug. ?2, 1938. viewed by V. S.

219-230-021-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 15929

Primary Registration District No. 2119 Registered No. 97

FULL NAME OF CHILD Carrie Barnes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Leroy Adelbert Barnes	FULL MAIDEN NAME	Florence Dalton
RESIDENCE	Clifton, Idaho	RESIDENCE	Clifton, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Physician, Preston Idaho

Filed 9-5 1913 Allen R Carter Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

JUL 2 2 1944

795·224·021-639

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Mapleton,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 15930

Primary Registration District No. 2119 **Registered No.** 84

FULL NAME OF CHILD Deloras Gregory

Sex of Child Female	**Twin ~~Triplet or other?~~** Twin and **Number in order of birth** First (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** June (Month) 24 (Day), 1913 (Year)

FATHER		**MOTHER**	
FULL NAME	John Gregory.	**FULL MAIDEN NAME**	Lillie Oliverson.
RESIDENCE	Mapleton, Idaho.	**RESIDENCE**	Mapleton, Idaho.
COLOR	White	**COLOR**	White.
AGE AT LAST BIRTHDAY	38 (Years)	**AGE AT LAST BIRTHDAY**	35 (Years)
BIRTHPLACE	Cove, Utah.	**BIRTHPLACE**	Franklin, Idaho.
OCCUPATION	Farmer	**OCCUPATION**	Housewife.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician, (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 9 — 5 1913 [signature] *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 1 1961

FEB 23 1968

795.124.021-132

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended 12/30/75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 15931

Registered No. 85

FULL NAME OF CHILD Delor Gregory

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		Second	Yes	June (Month) 24 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Gregory	FULL MAIDEN NAME	Lillie Albiston
RESIDENCE	Mapleton, Idaho.	RESIDENCE	Mapleton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Cove, Utah.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2, A, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W State

Physician, (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 9-5 1913 Allen R Beatty Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

Amended 12/30/75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FROM
VITAL STATISTICS
DEC 29 11 27 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin

Certificate No. 15931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Delor Gregory (2nd Twin) Male child (Name on Original Certificate) who was born (Was Born or Died) on June 24, 1913 (Date of Event)
in Mapleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Lillie Oliverson	Lillie Albiston

Subscribed and sworn to before me this 22nd day of December, 19 75

Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed Otto J. Gregory
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
57 W 2nd S Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of December, 19 75

Notary Public, residing at Preston, Idaho
My commission expires Lifetime
(Seal)

Signed O B Gregory
(Signature of Any Credible Person)
128 S 3rd E Preston Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3-6-68. one copy pd.

Certifiaae of Ordination from the LDS Church gives name as Delore A. Gregory son of John W. Gregory and Lillie Albiston. Born June 24, 1913 at Mapleton, Idaho. Baptized June 28, 1913. viewed by V. S.

DEC 30 1975

Certif of Ordination fromt the LDS Church gives name as Delore A. Gregory son of John W. Gregory and Lille Albiston. bonr June 24, 1913 at Mapleton, Idaho. Baptized June 28, 1921. viewed by VS

249-110-021-648

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15932

Primary Registration District No. 2119 Registered No. 100

FULL NAME OF CHILD CLYDE FUHRIMAN SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Isaac Smith	FULL MAIDEN NAME	Elizebeth Fuhriman
RESIDENCE	Logan Utah	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	65 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Brigham Ut.	BIRTHPLACE	Hyrum Ut.
OCCUPATION	Produce Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Address Preston Idaho

Filed 9-10 1913 Allen R. Crethe Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 1593

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Clyde Fuhriman Smith

Subscribed and sworn to before me this ..... day of ....., 19 .....

Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....

(SEAL)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of FRANKLIN }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1943

Thomas Preston

Notary Public, residing at Preston Idaho

My commission expires March 8th 1943

(SEAL)

Signed Willard F. Smith

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 2 0 1943

915-201-021-754

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No. 15933

No. ..... St.

Primary Registration District No. 2109 Registered No. 101

Hospital .....

FULL NAME OF CHILD Ruby Sarrah Randall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William J. Randall	FULL MAIDEN NAME	Jochan Geddis
RESIDENCE	Preston Idaho	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Plain City Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Filed 9-10 1913 Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 9 1965

2317 4

389-202-021-155

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No. 27 File No. 15934

No. ..... St.

Primary Registration District No. 2119 Registered No. 102

Hospital .....

FULL NAME OF CHILD Laurie Christensen

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Christensen	FULL MAIDEN NAME	Lola Mern Jenson
RESIDENCE	Mink Creek Ida.	RESIDENCE	Mink Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mink Creek Ida.	BIRTHPLACE	Jentile Valley Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Filed 9-10 1913 Albert Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 9 1967

699-124-021-666

(Be sure the information is complete and accurate)

State File No. 15935
Local Reg. No.
Reg. Dist. No. 27

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 1/14/76

Use only BLACK INK or BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverdale
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverdale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rodney
b. (Middle): Lorenzo
c. (Last): Wright

4. SEX: , Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) July (Day) 24, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Lorenzo
b. (Middle): M.
c. (Last): Wright

8. AGE (At time of this birth): 29 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake, Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sylvia
b. (Middle):
c. (Last): Woolf

13. AGE (At time of this birth): 32 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Hyde Park, Ut.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. T. Parkinson, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Preston, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 9-10-13
22. REGISTRAR'S SIGNATURE: Allen R. Cutler
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 3 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

JAN - 1976

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 15935

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rodney Lorenzo Wright (Name on Original Certificate) who was born (Was Born or Died) on Aug 24, 1913 (Date of Event)
in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's date of birth	Aug 24, 1913	July 24, 1913
father's name	Lorenzo Wright	Lorenzo Mitchell Wright
name of mother	Silvia Wolf	Sylvia Woolf

Subscribed and sworn to before me this 8th day of January, 1976.

LaRae E. Johnson

Notary Public, residing at Preston, Idaho

My commission expires Lifetime

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

152 E 3rd N Preston Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of January, 1976.

LaRae E. Johnson

Notary Public, residing at Preston, Idaho

My commission expires Lifetime

(Seal)

Signed [signature] (Signature of Any Credible Person)

Rt-3 Preston Idaho (Street Address, City, State)

FORM DH 60-155 CL 12/31/75 nm Number of this child 3 4

*Number of this child 3 4

Certif of Baptism and Confirmatin from the LDS Church gives name as Rodney L. Wright son of Lorenzo M. Wright and Sylvia Woolf. born July 24, 1913 at Riverdale, Idaho. Baptized July 25, 1921. viewed by V. S.

Certif of Ordination to the Office of Deacon gives name as Rodney Loren[illegible] Wright son of Lorenzo M. Wright and Sylvia Woolf. born July 24, 1913 at Riverdale, Idaho. Baptized July 25, 1921. Ordaiend Jan 3, 1926. viewed by V. S.

469-215-021-759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 15936

No. ..... St.

Primary Registration District No. 2119 Registered No. 104

Hospital .....

FULL NAME OF CHILD Elena Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Morrison	FULL MAIDEN NAME	Ray Perkins
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Dayton Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 1 oz M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Ida

Filed 9-10 1913 Allen R Deeth
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 12 1971

FEB 22 1971

719-103-021-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15937

Primary Registration District No. 2119 Registered No. 105

FULL NAME OF CHILD Orien Pocker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	May 3 1913

FATHER		MOTHER	
FULL NAME	Philanda Pocker	FULL MAIDEN NAME	Venessa Wingard
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Franklin	BIRTHPLACE	Whitney Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Ida

Filed 9-10 1913 Allen R Cutler Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-5-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Dup of 1913 · 309538

297-2011-021-634

Form V. S. No. H-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 15938

No. ..... St.

Primary Registration District No. 2119 Registered No. 108

Hospital .....

FULL NAME OF CHILD Lucy Biggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Biggs	FULL MAIDEN NAME	Minnie Oldham
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Paradise Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1 oc M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin, Ida.

Filed 9-10 1913 Albert Cutler
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

862-208-024-719

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 15939
Local Reg. No.
Reg. Dist. No. 27

Amended 1/23/78

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Franklin
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Franklin
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mabel
b. (Middle): Parkinson
c. (Last): Hobbs

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug 8, 1913

Time: 11 PM

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)
George		Hobbs

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
47 YEARS	Montana	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)
Nessie		Parkinson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
39 YEARS	Franklin	7		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Wm. Buryl Secrest
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Franklin, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 9-10-13
22. REGISTRAR'S SIGNATURE: Allen R. Cutler
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 19 9 37 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 15939

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Tessie Hobbs (Name on Original Certificate) who was born (Was Born or Died) on Aug 8, 1913 (Date of Event)
in Franklin, Idaho (Franklin Co.) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Tessie Hobbs	Mabel P. Hobbs

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of
May, 1977

William Larry McKnight
Notary Public, residing at Logan, Utah
My commission expires 8-4-80
(Seal)

Signed [signature]
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/12/77

photo-copy of record out of grandmother's cook book gives name as Mable Parkinson Hobbs born Aug 7, 1913 at Franklin, Idaho. at 11 o'clock. viewed by V. S.

JAN 24 1978

Records of Children Blessed by Elders of the Church of Jesus Christ gives name as Mabel Parkinson Hobbs. father's name as George Hobbs and mother's name as Nessie Parkinson. Blessed Dec 1, 1913. viewed by V. S.

512-117-021-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15940

Primary Registration District No. 2119 Registered No. 110

FULL NAME OF CHILD Andrew Nosh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug 17 1913

FATHER		MOTHER	
FULL NAME	Andrew Nosh	FULL MAIDEN NAME	Veronica Goodell
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Franklin	BIRTHPLACE	Newton, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Boyd Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin, Ida.

Filed 9-10 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

962.307.02.132

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15941

Primary Registration District No. 2119 Registered No. 111

FULL NAME OF CHILD Pearl Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pearl L Robinson	FULL MAIDEN NAME	Lillie J. Atkinson
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Franklin	BIRTHPLACE	Cox, Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Franklin, Ida.

Filed 9-10 1913 Albert Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

464.221021-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 15942

Primary Registration District No. 2119 Registered No. 106

FULL NAME OF CHILD Mary Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Joseph Morrison	FULL MAIDEN NAME	Mary G Whitehead
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10 30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Ida

Filed 9-10 1913 Albert R Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

365-203-021-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 15943

No. ..... St.

Primary Registration District No. 2119 Registered No. 107

Hospital

FULL NAME OF CHILD Mary Love

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Love	FULL MAIDEN NAME	Mary Olsen
RESIDENCE	Unknown	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Franklin
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. - A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Boyd Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin, Ida.

Filed 9-10 1913 Allen R. Cutler Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-O—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 [redacted] 08-299

[redacted] RTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]e

City of Rosebury

No. ..... St.

Registration District No. 15 File No. 2 15944

Primary Registration District No. ..... Registered No. 2

Hospital .....

FULL NAME OF CHILD Unnamed Strauchon Gladys Irene

Strauchon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and	2nd	Yes	Aug 31 1913

FATHER		MOTHER	
FULL NAME	John Strauchon	FULL MAIDEN NAME	Lucy L. Birch
RESIDENCE	Rosebury Ida	RESIDENCE	Rosebury Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Brantford Canada	BIRTHPLACE	Vida W.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Compton

(Physician or midwife)

Address Rosebury

Given names added from a supplemental report

..... 19.....

Filed Sept 3rd 1913 D. H. Compton

Registrar

S-Y CO. 20174

Registrar

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

AUG 24 1954

City of Hailey — Registration District No. 21 — File No. 15945

No. ____ St. — Primary Registration District No. 2022 — Registered No. 80

Hospital ____

FULL NAME OF CHILD Anona Rose White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 20 1913

FATHER		MOTHER	
FULL NAME	Frazier White	FULL MAIDEN NAME	Rose Nelson
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 35 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raof M.D. (Physician or midwife)

Address Hailey

Given names added from a supplemental report

....., 19.....

Filed Aug 25 1913 Robert H. Wright Registrar

.....
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

713-119-007-619

PLACE OF BIRTH

County of Blaine

City of Picabo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15946

Primary Registration District No. 2022 Registered No. 81

FULL NAME OF CHILD ~~[illegible]~~ ROBERT W. PATTERSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Patterson	FULL MAIDEN NAME	Margaret Agusta Ward Marguretti
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Aug 25 1913 Robert H Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 5946

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Robert William Patterson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on August 19th 1913 (DATE OF EVENT) in Picabo, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Robert W. Patterson
name of father	William Patterson	
mother's Maiden name	Margaret Agusta Ward	

Subscribed and sworn to before me this 29th day of January, 19 42.

Notary Public, residing at Hailey, Idaho

My commission expires 4/28/44 (SEAL)

Signed Margaret Augusta Ward Patterson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Gannett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 19 42.

Notary Public, residing at Hailey, Idaho

My commission expires 4/28/44 (SEAL)

Signed Sarah E. Broadus
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

his Grandmother

Bellevue, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 13 1942

313-216-007-132

PLACE OF BIRTH

Form V. S. No. 15-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 15947

Primary Registration District No. 2022 Registered No. 82

FULL NAME OF CHILD No name MARIE ADELE CALHOUN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 16 1913

FATHER	MOTHER
FULL NAME William Albert Calhoun	FULL MAIDEN NAME Edelia Albrechsen
RESIDENCE Picabo	RESIDENCE Picabo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION ranchar	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Rand

(Physician or midwife)

Address Hailey

Given names added from a supplemental report

..... 19.....

Filed Aug 20 19 13 Robert H Wright

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 6 1987

SEP 9 1975

266-213-007-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15948

Primary Registration District No. 2073 Registered No. 83

FULL NAME OF CHILD Virgil Jack Koonce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
female			yes	Aug	13	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. J. Koonce	Ruby L. Burman
RESIDENCE	Blaine Idaho	Blaine Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	North Carolina	State of Washington
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raul M.D.

(Physician or midwife)

Address Hailey

Given names added from a supplemental report

..... 19.....

Filed Aug 20 1913 Robert H. Wright

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11

PLACE OF BIRTH

DECEASED

751-711-407-261

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. 21 File No. 15949

No. ....., ... St.

Primary Registration District No. 2024 Registered No. 84

Hospital .....

FULL NAME OF CHILD Rodney Alma Pearson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug 11 1913

FATHER		MOTHER	
FULL NAME	Roy Curtis Pearson	FULL MAIDEN NAME	Evelyn Swasey
RESIDENCE	Moore Idaho	RESIDENCE	
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Custer Co Idaho	BIRTHPLACE	Emery Co Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 4 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs H S Haney

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Moore Idaho

Filed Aug 20 1913 Robert H Wright

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

ORIG

491-215 · 607-385

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ....., ... St.

Hospital .....

Registration District No. 21 File No. 15950

Primary Registration District No. 2025 Registered No. 85

FULL NAME OF CHILD Irona May Draper

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Aug (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Orrin Leland Draper	FULL MAIDEN NAME	Theresa Maud Cherry
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Freedom Sand Pit Utah	BIRTHPLACE	Coal Vill Utah
OCCUPATION	Labouring	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Carey Ida

Filed Aug 20 1913 Robert H. Wright Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 2 6 1974

815-112-0073-86

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hiksua

No. ..... St.

Hospital

Registration District No. 21 File No. 15951

Primary Registration District No. 2025 Registered No. 86

FULL NAME OF CHILD Glen Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hansen	Marvina Pearl Thornton
RESIDENCE	Hiksua Idaho	Hiksua Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	American Fork Utah	Deseret Utah
OCCUPATION	Farming	House Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. B. Howard

Midwife (Physician or Midwife)

Address Carey Idaho

Given name added from a supplemental report

..... 19.....

Registrar

Filed Aug 20 19 13 Robert H. Wright

Registrar

S-Y CO., 16468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 15951

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on August 12, 1913 (DATE OF EVENT)

in Carey, Blaine County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	~~Glen Hansen~~	Glen Hansen
name of father	~~John Hansen~~	John Hansen
		John W. Hansen

Subscribed and sworn to before me this 30 day of [illegible], 19[illegible]

Notary Public, residing at Gooding

My commission expires Nov. 1 1943
(SEAL)

Signed

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of January, 19[illegible]

Notary Public, residing at Gooding

My commission expires Nov. 1 1943
(SEAL)

Signed Marvine Pearl Hansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB [illegible] By

(REGISTRAR'S SIGNATURE)

MAY 18 1942

141-222-007-231

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21

File No. 15952

Primary Registration District No. 2025

Registered No. [illegible]

FULL NAME OF CHILD Delsa Pearl

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Year)
Female		yes	July [illegible] 3

FATHER		MOTHER	
FULL NAME	John Robert Adamson	FULL MAIDEN NAME	Elna Pearl St[illegible]d
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Heber, Utah.	BIRTHPLACE	Salt Lake City, [illegible]h.
OCCUPATION	Post-Master	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carey

Mid-wife (Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address Carey, Idaho.

Filed Aug 20 1913 Robert H. Wright

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 7 1973

713-113-607-243.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15953

Primary Registration District No. 2022 Registered No. 88

FULL NAME OF CHILD Patton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Aug 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bud Patton	FULL MAIDEN NAME	Eunice Sullivan
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Kans
OCCUPATION	Laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Hailey Ida

Filed Aug 20 1913 Robert H. Wright Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

251-207-007-349

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21

File No. 15954

No. ..... St.

Primary Registration District No. 2022

Registered No. 89

Hospital .....

FULL NAME OF CHILD Richard Francis Beardsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	July (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Archie M. Beardsley	FULL MAIDEN NAME	Ruby Turner
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Aug 20 1913 Robert H. Wright

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 1007-792

[redacted] BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ....., ... St.

Hospital .....

Registration District No. 21

File No. 15955

Primary Registration District No. 2022

Registered No. 90

FULL NAME OF CHILD Charles Alfred Harris

Sex of Child Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Aug. 6, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ralph D. Harris	FULL MAIDEN NAME	Lena Gibson
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	75	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Hailey Ida

Filed Aug 10 1913 Robert H. Wright

Registrar

S-Y CO., 16670

Registrar

K

MAY 8 1962

554-103-007-133

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 15956

Primary Registration District No. 2022 Registered No. 91

FULL NAME OF CHILD Carl Henry Dennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 3 1913

FATHER

FULL NAME: Carl Dennis

RESIDENCE: Hailey

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Ill

OCCUPATION: Machinist

MOTHER

FULL MAIDEN NAME: Saphia E. Allward

RESIDENCE:

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Ills

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rand M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

Carl Henry 19 13

Robert H. Wright Registrar

Filed Aug 10 19 13 Robert H. Wright Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-G—2mm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] 2 9 1945

255-111-0[redacted]53

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. N. Hurron St.

Registration District No. 8

Primary Registration District No. 2033

File No. 15957

Registered No. 386

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 11 1913

FATHER		MOTHER	
FULL NAME	Ole Benedickson	FULL MAIDEN NAME	Pauline Peterson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Norway	COLOR	White
OCCUPATION	Street Comm.	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Wis.
		OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 1/2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

.....19.....

.....Registrar

Filed July 9 1913 M. McKinnon Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BI

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

281-22-009-395

PLACE OF BIRTH

Amended 5/8/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-9-15-12

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. S. Lovina St.

Hospital

Registration District No. 8 File No. 15958

Primary Registration District No. 2033 Registered No. 87

FULL NAME OF CHILD Lucille Virginia Shaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	June 12 1913

FATHER	MOTHER
FULL NAME Sam L. Shaw	FULL MAIDEN NAME Lidie Swan
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR white AGE AT LAST BIRTHDAY 31 (Years)	COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Tenn	BIRTHPLACE Tenn
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:26 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Filed July 9 1913 M. McKinnon Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of)

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 14 9 56 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of MARION } ss.

Certificate No. 15958

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shaw (Name on Original Certificate) who was born (Was Born or Died) on June 12, 1913 (Date of Event)
in Sandpoint, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Application for Soc. Sec. account (Bible Record, Insurance Policy, Etc.) prepared on June 12, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Lucille Virginia Shaw
sex of child	male	female

Subscribed and sworn to before me this 11th day of April, 1978

Notary Public residing at Salem, OREGON

My commission expires 11-21-81

(Seal)

Signed Marguerite Sumpter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4545 Portland Rd. NE.
(Street Address, City, State)
Salem, Ore. 97303

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

corr. correspondence 3/15/78 2 copies pd #16561

MAY 9 1978

Own child's birth certificate lists mother as Lucille Virginia Shaw. Child, David Modesto Guzman, born December 16, 1937, in Salem, Oregon. viewed by vs March 15, 1978

Application fro Social Security Card gives name as Lucille Virginia Shaw Guzman born July 13, 1913 in Sandpoint, Idaho. #542-14-9836. father'sname a s Sam Shaw. dated 6-12-39. viewed by V. S. Lists sex as Female

392-115-009-393

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Cocolalla

Registration District No. [illegible]

File No. 15960

No. ....., ... St.

Primary Registration District No. 2038

Registered No. 389

Hospital .....

FULL NAME OF CHILD George M. Tibbett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
boy	Twins			June 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John M Tibbett	FULL MAIDEN NAME	Iva Florence Tilton
RESIDENCE		RESIDENCE	Cocolalla
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Inda	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bertha May Tibbitt

Mrs Alice Tilton

(Physician or Midwife)

Given name added from a supplemental report

..... 1913

Address Cocolalla

Filed July 9 1913 M McKenna

Registrar

Registrar

S-Y CO., 16668

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

641-118-009235

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 15961

Primary Registration District No. 2033 Registered No. 390

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 18 1913

FATHER		MOTHER	
FULL NAME	John O'Malley	FULL MAIDEN NAME	Laura Klinger
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Penn.	BIRTHPLACE	Norway
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1240 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed July 9 1913 M. McKinnon Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-M

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

319-122-009269

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 15962

No. ..... St.

Primary Registration District No. 2033 Registered No. 391

Hospital .....

FULL NAME OF CHILD Maurice Grover Cain

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grover A Cain	FULL MAIDEN NAME	Delphina Bonna
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Montana	BIRTHPLACE	Md.
OCCUPATION	Pool room	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed July 9 1913 M. McKinnon Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

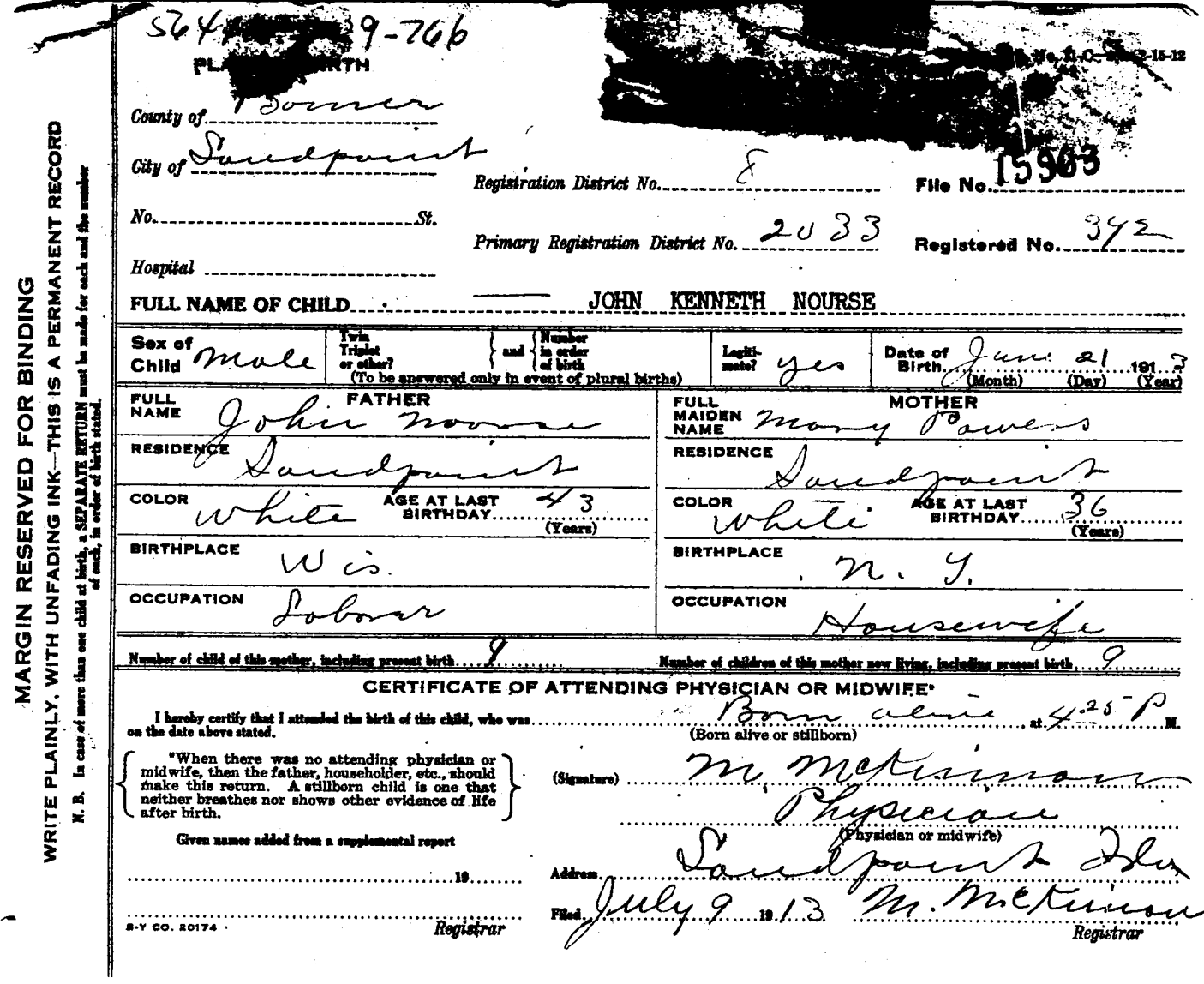
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of _____

JAN 15 1976



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

564[redacted]9-766

PL[redacted]RTH

[redacted] No. 11-C-[redacted]-15-12

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 15903

No. _____ St.

Primary Registration District No. 2033

Registered No. 342

Hospital _____

FULL NAME OF CHILD JOHN KENNETH NOURSE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Nourse	FULL MAIDEN NAME	Mary Powers
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wis.	BIRTHPLACE	N. Y.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4.25 P M. on the date above stated.
(Born alive or stillborn)

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician
(Physician or midwife)

Given names added from a supplemental report

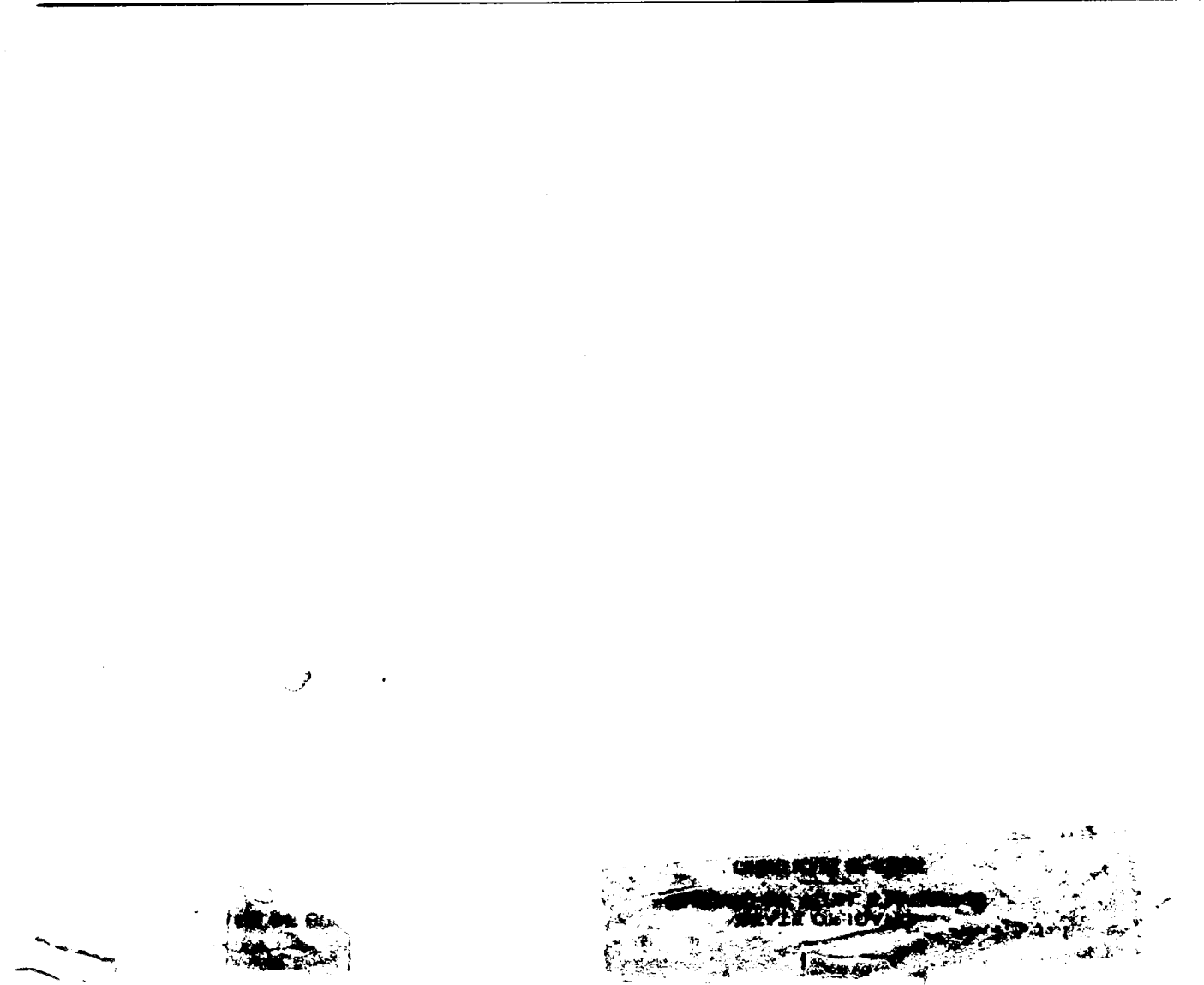
_____ 19__

Address Sandpoint Ida

Filed July 9 1913 M. McKinnon
Registrar

Registrar

S-Y CO. 20174



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. OCT 20 1941 Certificate No. 15963
County of Kootenai } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Kenneth Nourse (Name on original certificate) who was born (Was born or died) on June 21, 1913 (Date of event)
in Sand Point, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nourse	John Kenneth Nourse
Date of birth	June 2, 1913	N June 21, 1913
John Kenneth Nourse		

Subscribed and sworn to before me this 17th day of October, 1941
L W Butler
Notary Public, residing at Cataldo, Ida.
My commission expires Nov. 15, 1943
[SEAL]

Signed Mrs Mollie Nourse
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cataldo Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1941
L W Butler
Notary Public, residing at Cataldo, Ida.
My commission expires Nov. 15, 1943
[SEAL]

Signed Cleo Snyder
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

349 [illegible] 09-693

PLA[illegible]

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 15964

No. ....., ... St.

Primary Registration District No. 2033

Registered No. 393

Hospital Harpster Frederick

FULL NAME OF CHILD Davis Turnbull

Sex of Child: Male	Twin, Triplet, or other? 1 and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? yes	Date of birth July (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Tom Turnbull	FULL MAIDEN NAME	Phoebe E. Williams
RESIDENCE	Sagle	RESIDENCE	Sagle
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address [illegible]

Filed July 4 1913 [illegible]

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

259-104-009-154

PLACE OF BIRTH

[redacted] IDAHO
L STATISTICS

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF BIRTH

County of Bonner

City of Sandpoint

No. 63 mile town St.

Registration District No. 8 File No. 15965

Primary Registration District No. 9033 Registered No. 574

Hospital

FULL NAME OF CHILD LLOYD MYRVIN BERGSTROM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	July 4 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. Bergstrom	FULL MAIDEN NAME	Frieda Anderson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

M. D.
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed July 9 1913 M. McKinnon
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

CHANGE IN NAME

Form V. S. No. 11-D—20m-3-19-

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner

Certificate No. 15965
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Lloyd Myrvin Bergstrom (Name on original certificate) who W[illegible] (Was born or died) on July 4, 1913 (Date of event)
in Sandpoint, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Baptismcertificate (Bible record, insurance policy, etc.) prepared on Aug 17 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bergstrom	Lloyd Myrvin Bergstrom

Subscribed and sworn to before me this 29th day of Dec, 1941

Notary Public, residing at Notary Public for Idaho Residing at Sandpoint, Idaho
My commission expires Commission Expires January 6th, 1942
[SEAL]

Signed Freda Bergstrom mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 4. Newport Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of Dec, 1941

Notary Public, residing at Notary Public for Idaho Residing at Sandpoint, Idaho
My commission expires Commission Expires January 6th, 1942
[SEAL]

Signed Selma Bergstrom
(Signature of any credible person other than the previous affiant.)

N 1006 Maple Ave. Sandpoint Ida
(Street Address, City, State)

Received for filing on JAN 2 1942 By
(Registrar's signature)

612-108-0009-168

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 8 — File No. 15966

No. ____ St. — Primary Registration District No. 2033 — Registered No. 395

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	July 8 1913

FATHER		MOTHER	
FULL NAME	Chas A. Washburn	FULL MAIDEN NAME	Nellie May Dickinson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon M.D.
(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....19....

Filed July 9 19 13 M. McKinnon
Registrar

....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913 - DE69-601

459-109-009-243

Form V. [illegible] 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 15967

No. ..... St.

Primary Registration District No. 2033 Registered No. 96

Hospital .....

FULL NAME OF CHILD HAROLD ALBERT DEROSHIA

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm ~~Deroshia~~ DEROSHIA	FULL MAIDEN NAME	Myrtle Bullock
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 5 (Born alive or ~~stillborn~~) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Filed July 9 1913 M. McKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 15967

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Harold Albert Deroshia (Birth or Death)
for Harold Albert Deroshia (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1913 (Date of Event)
in Cocolalla, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by myself (Bible Record, Insurance Policy, Etc.) prepared on -- (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Deroschia	Deroshia
Name	Unnamed	Harold Deroshia / Albert

Subscribed and sworn to before me this 24th
day of March, 1943

Signed Myrtle Angeline Deroshia
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Francis J. Long
Probate Judge residing at Sandpoint

My commission expires ----- January 1945
(Seal)

Cocolalla, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

APR 5 1943

519-221-009-453

Form F. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 **File No.** 15968

No. ..... *St.*

Primary Registration District No. 2033 **Registered No.** 397

Hospital .....

FULL NAME OF CHILD Margaret Gertrude Earley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Earley	FULL MAIDEN NAME	Anna Dellinger
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint Idaho

Filed Aug 10 1913 M McKinnon

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 15968

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Earley (female) (Name on Original Certificate) who was born (Was Born or Died) on July 21, 1913 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margaret Gertrude Earley

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 1/29/75 nm

Certif. of Baptism from St. Joseph Church, Sandpoint, Idaho gives name as Margaret Gertrude Earley child of Hugh Earley and Anne Dellmyr. born July 21, 1913 at Sandpoint. Baptised Aug. 15, 1913. viewed by V. S.

APR 16 1975

Marriage License gives name as Clement James O'Conner and Margaret G. Earley from Idaho. datd Spet. 18, 1939. viewed by V S

443223-009-395

PLACE OF BIRTH

Form [illegible] 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 15969

No. ..... St.

Primary Registration District No. 2033

Registered No. 398

Hospital .....

FULL NAME OF CHILD Flora Estelle Mulcahy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			July 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Mulcahy	FULL MAIDEN NAME	Thekla Lindnow
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Drug clerk.	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint Ida.

Filed Aug 10 1913 M. McKinnon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 8 1942

PLACE OF BIRTH

County of .....

253-202-009-662

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 15970

No. ..... St.

Primary Registration District No. 2033

Registered No. 399

Hospital .....

FULL NAME OF CHILD MAE SELHAVER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Selhaver	FULL MAIDEN NAME	Anna Fosler
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Conn.
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 10 1913 M McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DO NOT WRITE IN THIS SPACE

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 15970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Selhover (Name on Original Certificate) who was born (Was Born or Died) on aug 2 1913 (Date of Event) in Sandpoint Ida (Place of Event), are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by attendin Nurse (Bible Record, Insurance Policy, Etc.) prepared on present at birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Selhover	Selhaver
Name	Unnamed	Mae

Subscribed and sworn to before me this 18th day of December 1942

Arthur Bowden

Notary Public, residing at Sandpoint Ida

My commission expires Oct 6-1944

(Seal)

Signed Mrs. Carrie Foster

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of January, 1943

Clara Lindquist

Notary Public, residing at Spokane

My commission expires 12-3-43

(Seal)

Signed Neal E Donaldson (Signature of Any Credible Person Other Than Previous Year)

E308 Bridgeport Spokane Wn (Street Address, City, State)

JAN 23 1943

433.209.09-556

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 15971

No. ..... St. Primary Registration District No. 2033 Registered No. 400

Hospital .....

FULL NAME OF CHILD Esther Winifred McComb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Aug 7 1913

FATHER	MOTHER
FULL NAME A.P. McComb	FULL MAIDEN NAME Clara Newhouse
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ill	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 31 (Years)
	BIRTHPLACE Ore.
	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. McKinnon

Physician
(Physician or midwife)

Address Sandpoint Ida.

Filed Sept 7 1913 M. McKinnon Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS 1978 AUG 4 10 20 AM '78

Certificate No. 15971

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McCombs (Female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1913 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Esther Winifred McComb
ther's last name	Mc Combs	McComb

Subscribed and sworn to before me this 16th day of June, 1978

Charles F. Finfrock Jr.

Notary Public, residing at Manchester, N.H.

My commission expires Feb 13 1979

(Seal)

Signed Esther Mc Comb Cass

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New Hampshire } ss.
County of Hillsborough }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1978

Charles F. Finfrock Jr.

Notary Public, residing at Manchester, N.H.

My commission expires Feb 13, 1979

(Seal)

Signed Frances McComb Clay

(Signature of Any Credible Person)

RFD #1, Andover N.H. 03216

(Street Address, City, State)

FORM DH 60-155 CL 11/30/72 nm

Social Security Card, # 001-01-6172 gives name as Esther Winfred Cass. Card issued by the social security administration (reissued March 1956). Viewed by V.S.

AUG 14 1978

Marriage Certification issued by the State of New Hampshire City of Concord gives name of bride as Esther Winifred McComb and Groom as Harold Everett Cass age of groom 24 - age of bride 24. Birthplace Carrywood, Idaho. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-108-029-669

PLACE OF BIRTH

Form V. S. No. 11-C-20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 15972

No. ..... St.

Primary Registration District No. 2033

Registered No. 401

Hospital .....

FULL NAME OF CHILD ~~Patrick~~ Manuel, Melvin E.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John J. Manuel	FULL MAIDEN NAME	Mary Forner
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	N. D.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida,

Filed Aug 11 1913 M. McKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

No.

No.

State of Minnesota)
)ss.
County of Cass)

Mary Mauel being first duly sworn on oath depose and says that she is and for upwards of fifteen years immediat ly last past has been a resident of Cass Lake, Minnesota, that is a native born citizen of the United States as also was her busband, John Manuel, that during the year 1913 affiant and he said husband were residents of Kootenai Idaho, that on the 8th day of August 1913 a son was born to this affiant and her said husband. That immediately following said birth and while affi anr was still ill, the father of said child, said John Manuel registered a birth at said place aforesaid under the name of Patrick Manuel, that this affiant did not like said name and h never used it, but instead has always called the said child Melvin E. a name of which he was very fond, that said son has al ays gone by the name of Melvin Manuel and affidant verily believes that he has never known that his registered name was Patrick. That affiant herby fully consents to changing the name of said son from Patrick to Melvin.

Further affiant sayeth not.

Mary Manuel

Subscribed and sworn to before me this 21st day of April 1941

D. T. Mandell

Term expires 1.1.43

c.c. 4/29/41. W.E.

253-211-009-719

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Idaho No. 12

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 15973

Primary Registration District No. 2033 Registered No. 402

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Aug 11 1913

FATHER		MOTHER	
FULL NAME	A. E. Bucknell	FULL MAIDEN NAME	Alice Porter
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	California	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

Filed Aug 16 1913 M. McKinnon

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

866-120-009-493

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11.

15974

County of Bonner

City of Hope

No. ....., ... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 2035

File No. 1597[redacted]

Registered No. 40[redacted]

FULL NAME OF CHILD Chester V. Howell.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	2	Yes	8 / 20 / 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. W. Howell	FULL MAIDEN NAME	Dora L. Miller.
RESIDENCE	Hope, Idaho	RESIDENCE	Hope, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wasco, Ore.
OCCUPATION	Bridge Foreman, N.P.R.R.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 59 P. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. N. Harris, M.D.

(Physician or Midwife)

Given names added from a supplemental report

8 / 30 / 13. 19

Address Hope, Idaho

Filed Sept 7 1913 M McLinnon

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

385·220·009-691

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boneh.

City of Hope.

No. ____, ____ St.

Hospital ____

Registration District No. 8

Primary Registration District No. 2035

File No. 15975

Registered No. 40[redacted]

FULL NAME OF CHILD Henretta Francis Therien

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	4	Yes	8 / 20 / 1913

FATHER		MOTHER	
FULL NAME	Charles R. Therien	FULL MAIDEN NAME	Hazel E. France.
RESIDENCE	Hope, Idaho.	RESIDENCE	Hope, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Applegate, Oregon.	BIRTHPLACE	Wisconsin
OCCUPATION	Blacksmith.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Harris, M.D.

(Physician or Midwife)

Address Hope, Idaho.

Given names added from a supplemental report

8 / 30 / 13. 19....

Registrar

Filed Sept 7 1913 M. McKinnon

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

289-12-009-85-9

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

Registration District No. 8

File No. 15976

No. ____, ____ St.

Primary Registration District No. 2035

Registered No. 40

Hospital ____

FULL NAME OF CHILD Vernnon Hope Byrd.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes	8 / 21 / 13. 191...

	FATHER	MOTHER
FULL NAME	C. Henery Byrd.	FULL MAIDEN NAME Lillien Herd
RESIDENCE	Hope, Idaho.	Hope, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	27 (Years)
BIRTHPLACE	Thomfield, Mo.	Blackwater, Va.
OCCUPATION	Millman	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Harris, M. D.

(Physician or Midwife)

Address Hope, Idaho.

Given names added from a supplemental report

8 / 30 / 13. 19...

Filed Sept 7 19 13 M. McKinnon

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 16 1975

JAN 0 1952

437-25-009-363

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

Registration District No. 8 — File No. 15977

No. ____, ____ St.

Primary Registration District No. 2035 — Registered No. 400

Hospital ____

FULL NAME OF CHILD Archie John McPhail

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	8 / 25 / 13

FATHER		MOTHER	
FULL NAME	Hugh H. McPhail	FULL MAIDEN NAME	Mable L. Cochren.
RESIDENCE	Hope, Idaho.	RESIDENCE	Hope, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Opena, Mich.
OCCUPATION	Timber Foreman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. P. Harris, M.D.

(Physician or Midwife)

Given names added from a supplemental report

8 / 30 / 13, 19....

Address Hope, Idaho.

Filed Sept 7 19 13 M. McKinnon

Registrar

Registrar

B-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

13-13-41

365-43-009-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 15978

No. ..... St.

Primary Registration District No. 2033 Registered No. 407

Hospital .....

FULL NAME OF CHILD ~~Susan Jane~~ BERTHA MILDRED Longworth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Roy Longworth	FULL MAIDEN NAME	Annie ~~Brewster~~ BREWSTER
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint Ida

Filed ~~Aug~~ Sept 10 1913 M McKinnon Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce

Certificate No. 15978
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Susan (Name on Original Certificate) who was born (Was Born or Died) on July 13th, 1913 (Date of Event)
in Cocolla, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Susan	Bertha Mildred Longworth
Mother's name	Annie Brush	Annie Brewster

Subscribed and sworn to before me this 24th day of June 1942
day of [illegible] 19
Notary Public, residing at Spanaway, Wash.
My commission expires Nov. 20th, 1942.
(Seal)

Signed Annie Longworth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spanaway, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of June 1942
Notary Public, residing at Spanaway, Washington
My commission expires November 20th, 1942
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
Spanaway, Washington
(Street Address, City, State)

JUN 29 1942

JUL 2 1942

NOV 9 1973

MAY 2 0 1975

959.227.009-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 6 File No. 15979

No. ..... St.

Primary Registration District No. 2033 Registered No. 408

Hospital .....

FULL NAME OF CHILD Oliva Florence Mary Reinhart

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Aug 27 1913

FATHER		MOTHER	
FULL NAME	Loyd J Rheinhart	FULL MAIDEN NAME	Annie Good
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Neb.	BIRTHPLACE	Ky.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 30 1913 M McKinnon Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
SEP 27 1950
DIVISION OF VITAL

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ky
County of Jefferson } ss.

Certificate No. 15979
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Oliva Florence Mary Reinhart (Name on Original Certificate) who Born (Was Born or Died) on Aug 27-1913 (Date of Event)
in None (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Rheinhart	Oliva Florence Mary Reinhart
Oliva Florence mary Reinhart		

Subscribed and sworn to before me this 10th day of Oct, 1950
Flaherty H. Schultz
Notary Public, residing at Louisville Jeffa Ky.
My commission expires Feb 4-1948
(Seal)

Signed Anna L. Reinhart (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kentucky
County of Jefferson } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 10th day of Oct, 1950
Flaherty H. Schultz
Notary Public, residing at Louisville Jeffa Ky.
My commission expires Feb-4-1948
(Seal)

Signed J. P. Schneider
(Signature of Any Credible Person)
1210 Dixie Highway
(Street Address, City, State)
Louisville 10 Ky

SEP 27 1950

433-229-609-612

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 15980

Primary Registration District No. 2833 Registered No. 409

FULL NAME OF CHILD Verna Dell McClane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry E McClane	FULL MAIDEN NAME	Elizabeth ~~[illegible]~~ Wabash
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Germany
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed Sept 7 1913 M McKinnon Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 15980

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Verna Dell McClane (Birth or Death) for Birth certificate (Name on Original Certificate) who was born (Was Born or Died) on Aug. 29, 1914 (Date of Event) in Sand Point, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Old Records (Bible Record, Insurance Policy, Etc.) prepared on dates occurred (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Aug. 29 - Name	Unnamed	Verna Dell McClane
Elizabeth Wabosh	Elizabeth Waberg	Aug. 29, 1914
Henry Edgose McClane	Edgose Henry McClane	

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs. Wm. H. Haines
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Majestic Hotel, Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Spokane } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of June, 1944

Notary Public, residing at Spokane, Washington.

My commission expires 1-2-48
(Seal)

Signed Mrs. Wm. H. Haines
(Signature of Any Credible Person Other Than Previous Year)

c/o Majestic Hotel
Spokane, Washington.
(Street Address, City, State)

JUN 12 1944

438-42-209-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8

File No. 15981

Primary Registration District No. 2833

Registered No. 410

FULL NAME OF CHILD GRACE ELIZABETH McHUGH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas McHugh	FULL MAIDEN NAME	Kate Walsh
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint - Ida

Filed Sept 10 1913 M McKinnon Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonner } ss.

Certificate No. 15981

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Grace Elizabeth McHugh (Name on Original Certificate) who Born (Was Born or Died) on September 10, 1913 (Date of Event)
in Sandpoint Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Grace Elizabeth McHugh
Grace Elizabeth McHugh		
September 10, 1913		

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed Thomas Sennett McHugh
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

717 Ruth Ave Sandpoint Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonner } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

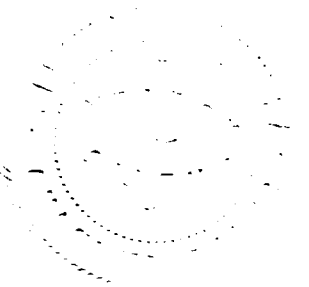
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of February, 1942
Arthur W Bowden
Notary Public, residing at Sandpoint Ida
My commission expires Oct 6 1944
(Seal)

Signed Mrs W M Stark
(Signature of Any Credible Person Other Than Previous Year)

710 Ruth Ave Sandpoint Ida
(Street Address, City, State)

[illegible] 1942



366-220-825-493

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

15983

County of Idaho

City of Grangeville Registration District No. 10 File No.

No. , St. Primary Registration District No. 1001 Registered No. 389

Hospital

FULL NAME OF CHILD Charlotte Alice Love

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2 nd	yes	July 20, 1913

FATHER		MOTHER	
FULL NAME	Benjamin F Love	FULL MAIDEN NAME	Hattie Winnifred Whitehead
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
COLOR	white	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

Grangeville Ida (Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Aug 18 1913 Joel L Rains Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 19 1964

515224-025-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15984

Primary Registration District No. 1001 Registered No. 390

FULL NAME OF CHILD Fern Marie VAN OSDOL

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		4th	yes	July 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Edwin Van Osdol	Carolyn Grace Tumy
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Indiana	Ohio
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

C.W. SLUSSER Slusser

(Signature) C.W. Slusser M.D.

Grangeville Ida

(Physician or Midwife)

Address ____

Filed Aug. 18 1913 Jesse L. Raines Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

8-Y CO., 18670

592-10-025-314

Form V. S. No. 11-C—20m-9-25-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Fenn

No. ..... St.

Hospital .....

Registration District No. 16 File No. 15985

Primary Registration District No. 2644 Registered No. 391

FULL NAME OF CHILD Eugene Edward Nissen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				X	June 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edward M. Nissen	FULL MAIDEN NAME	Nellie W. Lamb
RESIDENCE	Winona Idaho	RESIDENCE	Winona Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Remsen Iowa	BIRTHPLACE	Palouse, Wash.
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. H. H. Nissen
(Physician or midwife)

Address Fenn Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 16 1913 Jesse L. Raine
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

594-209.025-849

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15986

Primary Registration District No. 1001 Registered No. 392

FULL NAME OF CHILD June Gareth Eimers

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single (To be answered only in event of plural births)	Second	Yes	June (Month) 9 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Jacob Garth Eimers	FULL MAIDEN NAME: Rose Hurley
RESIDENCE: Grangeville, Idaho.	RESIDENCE: Grangeville, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Missouri
OCCUPATION: Merchant	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. H. Warren

Physician

(Physician or midwife)

Address Grangeville, Idaho

Filed Aug 16 1913 Rose L. Ruins Registrar

8-Y CO. 20174

APR 12 1968

AUG 15 1972

659-113-025-658

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15987

Primary Registration District No. 2044 Registered No. 393

FULL NAME OF CHILD Milton Adolph Ferguson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be [illegible] only in event of plural births)	First	Yes	August (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Furman Ferguson	FULL MAIDEN NAME	Ida Minnie Weholt
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Indiana	BIRTHPLACE	Minn.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grangeville, Idaho

Filed Aug 16 1913 Jesse L. Rains Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-Rev-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of.....

DEC 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-112-025-964

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15988

Primary Registration District No. 2044 Registered No. 394

FULL NAME OF CHILD Lawrence Hintermeister

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Single	Second	Yes	June 12 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Albert Hintermeister	FULL MAIDEN NAME: Lottie Rode
RESIDENCE: Grangeville, Idaho	RESIDENCE: Grangeville, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Illinois
OCCUPATION: Rancher	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician.
(Physician or midwife)

Address Grangeville Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 16 1913 Jane L. Rains
Registrar

R-Y CO. 20174

Form V.S.No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 1 1 1972

27-110-025-479

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-6-25-12

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15989

Primary Registration District No. 1001 Registered No. 395

FULL NAME OF CHILD Mortimer Robert

Sex of Child	Twin, Triplet or other (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	Second	Yes	August 10 1913

FATHER	MOTHER
FULL NAME: John Jay Staley	FULL MAIDEN NAME: Charlotte Francis McIntyre
RESIDENCE: Grangeville, Idaho	RESIDENCE: Grangeville, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Massachusetts
OCCUPATION: School Teacher	OCCUPATION: House-wife.

Number of child of this mother, including present birth: Two

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. H. Warner

Physician

(Physician or midwife)

Address Grangeville Idaho

Filed Aug 16 1913 Rose L. Rains Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD

Sex of Child	Twin, triplet or other? If other?	Number and order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	COLOR
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

Number of children of this mother, including this child, now living _____ Number of children of this mother, including this child, now dead _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, born on the date stated above.

Given under my hand this _____ day of _____ 19_____

_____ M.D.

_____ Address

_____ Date

_____ Address

_____ Date

WHEN FILLING WITH UNDERPRINTING THIS IS A PERMANENT RECORD

DROP the number

Type or write in ink and do not write on the margin

Print in capitals

235-113-025-869

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15990

Primary Registration District No. 2044 Registered No. 396

FULL NAME OF CHILD George Wendell Stevens

Sex of Child	Twin Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)		Second	Yes	July 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George William Stevens	FULL MAIDEN NAME	Cora Alice Horning
RESIDENCE	Grangeville, Idaho	RESIDENCE	Grangeville, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House-wife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11:00 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Warner

Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Grangeville Idaho

Filed Aug 16 1913 Jess L. Rann
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 4 1942

File No

PLACE OF BIRTH

County of

319-1041-025-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Clearwater

Registration District No. 10

File No. 15991

No. ....., ... St.

Primary Registration District No. 2044

Registered No. 397

Hospital .....

FULL NAME OF CHILD Harold Kenneth Cain

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	August 4, 1913

FATHER		MOTHER	
FULL NAME	Warren Cain	FULL MAIDEN NAME	Laura Hansen
RESIDENCE	Spokane Wash	RESIDENCE	Spokane Wash
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Spokane Wash	BIRTHPLACE	Colville Wash
OCCUPATION	Surveyor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

*Given names added from a supplemental report

(Signature) Mrs Warren Cain

Mother of Child (Physician or Midwife)

Address Spokane Wash

Filed Sept. 9 1913 Jesse L. Rains Registrar

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Revised 2-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

9

532-12-0025-619

PLACE OF BIRTH

County of Idaho

City of Elk City

No. ..... St.

Hospital home

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15992

Primary Registration District No. 2044 Registered No. 398

FULL NAME OF CHILD Leroy Manuel Eckland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Aug. 22 1913

FATHER	MOTHER
FULL NAME Elmer T. Eckland	FULL MAIDEN NAME Leona Ella Waron
RESIDENCE Elk City, Idaho	RESIDENCE Elk City
COLOR w	COLOR w
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Minneapolis, Minn	BIRTHPLACE Minnesota Lemet. Wis.
OCCUPATION Rancher	OCCUPATION Farm

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Davis M.D.

(Physician or midwife)

Address Elk City Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept. 1 1913 Jesse L. Raines Registrar

..... Registrar

8-Y GO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Ms. 11-0—Rev. 2-19-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RD

493-126-025-817

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

Registration District No. 10

File No. 15993

No. ....., ... St.

Primary Registration District No. 2044

Registered No. 399

Hospital

FULL NAME OF CHILD Vlenny Mitchell

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	7 26 1913

FATHER		MOTHER	
FULL NAME	Tom Mitchell	FULL MAIDEN NAME	May Hagan
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	~~30~~ 39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Kamiah, Idaho.

Filed Sept. 2 1913 Jesse L. Rains

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

359-21-025-293

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted] Idaho

City of Caribel

Registration District No. 10 File No. 15994

No. ____, ____ St.

Primary Registration District No. 2043 Registered No. 400

Hospital ____

FULL NAME OF CHILD Leidkie Ruth Louise

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	8 11 1913

FATHER	MOTHER
FULL NAME: Ernest Leidkie	FULL MAIDEN NAME: Phoebe Silvernail
RESIDENCE: Caribel	RESIDENCE: Caribel
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Neb.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:13 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMechan M.D. (Physician or Midwife)

Address Kamiah, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 2 1913 Grace L. Rains Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FEB 9 1961

CERTIFICATE OF BIRTH

249-108-025-493

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

Registration District No. 10

File No. 15995

No. ....., ... St.

Primary Registration District No. 2044

Registered No. 401

Hospital

FULL NAME OF CHILD Herschel Delbert Burns

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 8 1913

	FATHER		MOTHER
FULL NAME	Richard Burns	FULL MAIDEN NAME	Ida Mitchell
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wash	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah, Idaho

Filed Sept 2 1913 Jesse L Rains

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Idaho

897-126-025-349

PLACE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 15996

Primary Registration District No. 2044 Registered No. 402

FULL NAME OF CHILD Frank Higgins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 26 1913

FATHER		MOTHER	
FULL NAME	Albert C Higgins	FULL MAIDEN NAME	May C Turner
RESIDENCE	Winona	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 7 1913 Jesse L Rains
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-W

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of APR 8 1953

DECEASED

349-229-025-556

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Winona

No. ..... St.

Hospital .....

Registration District No. 10 File No. 15997

Primary Registration District No. 21+7 Registered No. 403

FULL NAME OF CHILD Clara ~~Imogean~~ Imojean Turner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Aug 29 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Walter Turner	FULL MAIDEN NAME	Stella Newkirk
RESIDENCE	Winona Ida	RESIDENCE	Winona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Ida

Given names added from a supplemental report

..... 19.....

Filed Sept 7 1913 Jesse L. Raines Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FEB 7 1974

249-120-025-996

Form V. S. No. II-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 15998

No. ..... St.

Primary Registration District No. 2044 Registered No. 404

Hospital .....

FULL NAME OF CHILD Marcus MARSENO J. SMITH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George J Smith	FULL MAIDEN NAME	Gertrude M Irwin
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed Sept 2 1913 Jesse L Rains Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Idaho }

Certificate No. 15998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marcus J. Smith (Name on Original Certificate) who born (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by reason of being his father therfore know the facts. (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marcus	Marseno J; Smith

Subscribed and sworn to before me this 7th day of July, 1942.

County Recorder
Notary Public, residing at Grangeville

My commission expires Januar y 11, 1943
(Seal)

Signed Geo Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 North C. Street, Grangeville, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 7th day of July, 1942.

Notary Public, residing at Grangeville, Idaho

My commission expires July 1, 1944.
(Seal)

Signed Louise E Jesse
(Signature of Any Credible Person Other Than Previous Year)

212 South "B" Street
Grangeville, Idaho
(Street Address, City, State)

AUG 0 1942

JUL 10 1942

155-206-025-291

PLACE OF BIRTH

Form V. S. No. 18-B—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kenterville Prec

No. ..... St.

Hospital .....

Registration District No. ~~2042~~ 10 File No. 15999

Primary Registration District No. ~~10~~ 2042 Registered No. 405

FULL NAME OF CHILD Margaret Mary Jenny

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Otto Andrew Jenny	FULL MAIDEN NAME	Magdalena Brantmeier
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	N Y	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kenterville Idaho

Filed Aug 8 1913 Jesse L Rains per Blake Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-O—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

653-211-025-267

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~[illegible]~~ 10 File No. 16000

Primary Registration District No. ~~[illegible]~~ 2042 Registered No. 406

FULL NAME OF CHILD Mary Katherine Welte

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug. (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jacob H. Welte	FULL MAIDEN NAME	Cecelia E. Kopczynski
RESIDENCE	Cottonwood, Idaho	RESIDENCE	Cottonwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. W. Burner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Aug. 12 1913 Jesse L. Rams per Blake Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

294-109-02

PLACE OF B[redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

Registration District No. ~~2042~~ 10 File No. 16001

Primary Registration District No. ~~to~~ 2042 Registered No. 407

FULL NAME OF CHILD George Albert Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 8, 1913

FATHER		MOTHER	
FULL NAME	Simon Raymond Simmons	FULL MAIDEN NAME	Olga Mabel Jacobson
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Cottonwood, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	N. Dak.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) J. W. Turner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Aug 12 1913 Jesse E. Ramo per Blake Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 13, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

246-21

PLACE OF [illegible]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16002

County of Idaho

City of Green Creek Precinct

Registration District No. ~~2042~~ 10 File No.

No. St.

Primary Registration District No. ~~10~~ 2042 Registered No. 408

Hospital

FULL NAME OF CHILD Esther Elizabeth Lustig

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Victor G Lustig	FULL MAIDEN NAME	Mary Jansen
RESIDENCE	Green Creek Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lustig

Mother of child (Physician or midwife)

Given names added from a supplemental report

19

Address Green Creek Idaho

Filed Aug 24 1913

Jesse L. Ramo per Blake Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 1 1966

PLACE OF [illegible]

DECEASED

292-116-025-363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 16003

No. ..... St.

Primary Registration District No. 7144 Registered No. 409

Hospital .....

FULL NAME OF CHILD Arthur Morse Bibb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 16 1913

FATHER		MOTHER	
FULL NAME	Lawrence F Bibb	FULL MAIDEN NAME	Jennie Cole
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or [redacted])

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 7 1913 Jesse L Rains
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-209-025-794

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 16004

No. ..... St. Primary Registration District No. 2044 Registered No. 410

Hospital .....

FULL NAME OF CHILD Grace Marie Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	aug 9 19

	FATHER	MOTHER
FULL NAME	John L Wilson	FULL MAIDEN NAME Lottie M Gidon
RESIDENCE	Res Grangeville	RESIDENCE Grangeville
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Iowa
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Blackton

(Physician or [illegible])

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 7 1912 Jesse L Rains
Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 2 1 1942

258-207-018-258

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] Clearwater

City of Fraser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 16005

Primary Registration District No. 2168 Registered No. 52

FULL NAME OF CHILD Zetta Thelma Snyder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 7 1913

FATHER		MOTHER	
FULL NAME	Henry C. Snyder	FULL MAIDEN NAME	Ella E. Snyder
RESIDENCE	Fraser, Ida	RESIDENCE	Fraser, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth — Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

—
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address —

Registrar

Filed Aug 10 1913 J. M. Fawcett
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DEC 31 1956

JUN 1 1967

294-228-018-000

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Clearwater

City of Dent

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 16006

Primary Registration District No. 2168 Registered No. 53

FULL NAME OF CHILD ✓

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James P. Simmons	FULL MAIDEN NAME	✓
RESIDENCE	Dent, Idaho	RESIDENCE	Dent, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	✓ (Years)	AGE AT LAST BIRTHDAY	✓ (Years)
BIRTHPLACE	✓	BIRTHPLACE	✓
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ✓ M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) None

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ✓

Filed Aug 30 1913 J. McFarlane
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

H - MOTHER

794-109-018-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16007

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

Registration District No. 90

Primary Registration District No. 7168

File No. .....

Registered No. 54

FULL NAME OF CHILD Gus Gruber Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Aug 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gus Gruber	Rachel Richardson
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	28
BIRTHPLACE	N. Y.	Mo
OCCUPATION	Timberman	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born Alive or stillborn) at 11.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Address Orofino, Ida

Filed Aug 9 19 13 J. M. Fairly Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913-348492

993.120-008-495

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Gilbert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 16009

Primary Registration District No. 2168 Registered No. 56

FULL NAME OF CHILD Frederick William Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Aug 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Richardson	Irene Butler
RESIDENCE	Gilbert, Ida	Gilbert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Mo	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician

(Physician or midwife)

Address Oxford, Ida

Given names added from a supplemental report.

..... 19.....

.....
Registrar

Filed Aug 20 1913 J. M. Darby
Registrar

S-Y CO. 24058

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own Child's birth Cert. (Washington birth), August 20, 1952; and Great Northwest Life-Insurance Policy, Dec. 11, 1956. Viewed by V.S.
Photo. copy of each.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 1 1958
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Clearwater Co

Certificate No. 16009

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for ~~XXX~~ Unnamed Richardson (Name on Original Certificate) who born (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in Gilbert (Place of Event) Certificate of Award are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Report Card (Bible Record, Insurance Policy, Etc.) prepared on April 22, 1921 April 27, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Frederick William Richardson

Irene L Richardson, Mother

Subscribed and sworn to before me this 28th day of April 1958
Erwin L Miller
Notary Public, residing at Spokane, Wash.
My commission expires Sept 10 - 1960
(Seal)

Signed W. C. ~~Irene~~ Richardson, Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gilbert [illegible] Orofino, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of April 1958
Erwin L Miller
Notary Public, residing at Spokane, Wash
My commission expires Sept 10, 1960
(Seal)

Signed Eva M. Ferrell
(Signature of Any Credible Person)
320 Sixth Cannon
(Street Address, City, State)
Spokane, Wash

FORM DPH 55.155

NN 10-16-57 1 copy paid

JUN 19 1958

258-239-1018-258

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of Fraser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 16010

Primary Registration District No. 2168 Registered No. 57

FULL NAME OF CHILD Thelma Snyder

Sex of Child Female and Number in order of birth (Date answered only in event of plural births) Legitimate? yes Date of Birth Aug 29 1913 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	John Snyder		Mary E. Snyder
RESIDENCE	Fraser, Ida	RESIDENCE	Fraser, Ida
COLOR	White AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	W. Va	BIRTHPLACE	W. Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother now living, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

✓ (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address ✓

Filed Aug 31 1913 J. M. Fairly Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

819-115 : 018-632

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90

File No. 16011

No. ..... St.

Primary Registration District No. 2168

Registered No. 58

Hospital .....

FULL NAME OF CHILD Carl Arther Harless

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feby 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. A. Gus Harless	FULL MAIDEN NAME	Anna Olson
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) none

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address —

Filed Aug 20 1913 J. M. Taisley

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1942

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Clearwater (b) City Orofino
(c) Street Address or R.F.D. No.....
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county ..... years ..... months ..... days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Clearwater
(c) City Orofino
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? always yrs

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Carl Arthur Harless

5. Date of Birth of Child (Month, day, year) Feb. 18, 1913

6. Sex Boy

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd .....

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME J A Harless

11. Color or Race White

12. Age at time of THIS birth 36 yrs.

13. Birthplace Sweetwater (City or town) Tenn. (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Anna Christine Olson

17. Color or Race White

18. Age at time of THIS birth 22 yrs.

19. Birthplace Orofino (City or town) Idaho (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living yes

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at .....M. on the date and at the place stated above, and that personal particulars were furnished by Anna (First name) Harless (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature Sophie L. Dean ~~M.D.~~ Midwife Address 1221 E. Indiana Ave Date March 19-4

State of.....
County of..... } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the.....(Mother, etc.) of the person whose name appears in Item 4, above, that I am now.....years of age, that I have known this person for.....years, and that .....(First name) .....(Last name), who attended this birth.....(Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

.....Signature

.....P. O. Address

Subscribed and sworn to before me this.....day of....., 19.....

(SEAL) .....Notary Public, residing at.....

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on.....by....., Registrar.

copy requires an advance payment or fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 25m-1-1-13

547 [redacted]

County of [redacted]

City of Reno

Registration District No. 91 File No. 10012

No. ..... St.

Primary Registration District No. 2168 Registered No. 59

Hospital .....

FULL NAME OF CHILD Ellen Nugent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 5 1913

FATHER

FULL NAME James Nugent

RESIDENCE Roswell, Ida

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Newfoundland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Stock Montgomery

RESIDENCE Roswell, Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Newfoundland

OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Stanley

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Roswell Ida

..... 19.....

Filed Aug 5 1913 J. M. Stanley

8-Y CO. 24698 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49 037-831

Form V. S. No. 11-[illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Hot Spring Registration District No. 44 File No. 16013

No. ..... St.

Primary Registration District No. 2121 Registered No. 6

Hospital .....

FULL NAME OF CHILD Prudencia Urizar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Pio Urizar	FULL MAIDEN NAME	Prudencia Ycazuriaga
RESIDENCE	Hot Spring Idaho	RESIDENCE	Hot Spring Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug. 6 at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bruneau Idaho

Filed Aug 7 1913 J. C. Bartlett
Registrar

S-Y CO. 20174

[redacted]

MAR [illegible] 1955

796.230.037.445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-13

PLACE OF BIRTH

County of Owyhee

City of Bruneau

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 44 File No. 10014

No. ..... St.

Primary Registration District No. 21221 Registered No. 7

Hospital .....

FULL NAME OF CHILD Nona Verle Groves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	Aug 30 1913

FATHER		MOTHER	
FULL NAME	Jesse Groves	FULL MAIDEN NAME	Ethel Dunning
RESIDENCE	Bruneau Idaho	RESIDENCE	Bruneau Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 30, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 30 1913 J. C. Bartlett
Registrar

..... Registrar

8-Y CO. 20174

MAY 1 1 1973

DECEASED

847-2 [redacted] 6-613

PLACE [redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Sarasota

Registration District No. 36 File No. 16015

No. ....., ... St.

Primary Registration District No. 3069 Registered No. 222

Hospital .....

FULL NAME OF CHILD Elizabeth Hughes

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	June 30, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David J. Hughes	FULL MAIDEN NAME	Maryan Walpoor
RESIDENCE	Sarasota	RESIDENCE	Sarasota
COLOR	~~Mid White~~ W	COLOR	~~Dark White~~
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sarasota Ida	BIRTHPLACE	Sarasota Ida
OCCUPATION	Farming	OCCUPATION	House Keeping

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive June 30 1913 at 8:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cathryn Hamblin

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Sarasota Idaho

Filed Aug 1 1913 D C Ray

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

551-229.036-263

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16016

Primary Registration District No. 2069 Registered No. 278

FULL NAME OF CHILD Jennie B Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Four	Yes	July 29 1913

FATHER		MOTHER	
FULL NAME	Evan J Evans	FULL MAIDEN NAME	Clara E Bolingbroke
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad Idaho	BIRTHPLACE	Malad Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer Wife

Number of child of this mother, including present birth Four Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. July 29, at 4-15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Bolingbroke

Midwife (Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 15 1913 D C Ray Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—30m-3-15-62

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1961 PLACE OF BIRTH

County of

OLD

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799-212-036-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

...atistics

...OF BIRTH

County of Oneida

City of Samaria

Registration ...

File No. 16017

No. ..., ... St.

Primary Registration District No. 2069

Registered No. 224

Hospital ...

FULL NAME OF CHILD ~~Emma~~ Verda Price

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)			Yes	June (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John M. Price	FULL MAIDEN NAME	Ruth Williams
RESIDENCE	Samaria	RESIDENCE	Samaria
COLOR	Dark White	COLOR	Dark White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	House keeping

Number of child of this mother, including present birth Four

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born June 12 1913 arrived 7:10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Kathryn Hamblin

Midwife

(Physician or Midwife)

Given names added from a supplemental report

..., 1913

Address Samaria Idaho

Filed Aug 4 1913 V C Ray

Registrar

Registrar

S-Y CO., 16670

177-118-036-417

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 26 File No. 16018

No. ..... St.

Primary Registration District No. 2069 Registered No. 225

Hospital .....

FULL NAME OF CHILD Theoria M Osgood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 18 191

FATHER		MOTHER	
FULL NAME	Earl Osgood	FULL MAIDEN NAME	Dora D Maxwell
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed Sept 8 1912 D C Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

469-22-1036-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 16019

Primary Registration District No. 2069 Registered No. 926

FULL NAME OF CHILD Ina Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 20 1912

FATHER		MOTHER	
FULL NAME	Edmund Morgan	FULL MAIDEN NAME	Katherine Lewis
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Home Work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3-A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Alston

Physician (Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 8 1913 D. C. Kay Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 16 1942

AUG 22 1974

869-224-036-819

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16020

Primary Registration District No. 2069 Registered No. 777

FULL NAME OF CHILD Died unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Aug 24 1913

FATHER		MOTHER	
FULL NAME	Geo Harnem	FULL MAIDEN NAME	Ada Harvy
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad

Filed Sept 8th 1913 D C Ray Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-127-036-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 16021

Primary Registration District No. 2069 Registered No. 228

FULL NAME OF CHILD Richard M. Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Larsen	FULL MAIDEN NAME	Mary Wickham
RESIDENCE	Malad City Idaho R T D	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 28 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Ray MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed Sept 1 1913 J C Ray Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 4 1960

819-229-036-165

Form V. S. No. 11[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16022

Primary Registration District No. 2069 Registered No. 229

FULL NAME OF CHILD Catherine Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arch Harris	FULL MAIDEN NAME	Mary Mae Jones
RESIDENCE	Malad City Idaho R F D	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed 9-1 1913 D C Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 14 1944

PLACE OF BIRTH

MAY 01 2015

NOV 7 1973

NOV 29 1973

FEB 2 1981

764-11 Book 4-319

Amended 4-17-73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16023
Local Reg. No. 251
Reg. Dist. No. 1008

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Falk
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lewis
b. (Middle): Dean
c. (Last): Gordon

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): August 13 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Lewis
b. (Middle): W.
c. (Last): Gordon

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jeannette
b. (Middle):
c. (Last): Carter

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Provo, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. S. E. Hoagland

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED: August 15, 1913

21. DATE REC'D BY LOCAL REG.: August 15, 1913

22. REGISTRAR'S SIGNATURE: J. C. Woodward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used

...STRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3673

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 17 3 33 PM '73

State of .....
County of ..... } ss.

Certificate No. 16023

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louis Dean Gordon (Name on Original Certificate) who was born (Was Born or Died) on Aug. 13, 1913 (Date of Event)
in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louis	Lewis
Fathers name	Louis	Lewis
Mothers name	Jennie Gordon	Jeannette Carter
Place of birth	Payette Canyon	Emmett Gem

Subscribed and sworn to before me this 24 day of March, 1973

Notary Public, residing at Emmett

My commission expires 4-10-76

(Seal)

Signed Ethel Gordon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

314 N Commercial
(Street Address, City, State) Emmett

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family History book published 1968 gives name as Lewis Dean Gordon born August 13, 1913 at Emmett, Idaho to Lewis Waterman Gordon and Jeannette Carter.
Viewed by V.S.

Death Certificate for mother lists name as Jeannette Rebecca Gordon who died July 5, 1947 in Emmett, Idaho. Husband's name as Lewis Gordon. Certificate # 154370.
Viewed by V.S.

Honorable Discharge issued bythe United States Navy states name as Lewis Dean Gordon Seaman Second Class was Discahged Oct. 16, 1945. Harold Bye Captain USN.
Viewed by V.S. Place of birth is given as Emmett, Idaho.

249-115-014-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 16024

No. ..... St.

Primary Registration District No. 1008

Registered No. 252

Hospital .....

FULL NAME OF CHILD Vernon Lester Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ford Smith	Stella Graham
RESIDENCE	Payette	Payette
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	24
BIRTHPLACE	Iowa	Nebraska
OCCUPATION	Laborer	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 15 1913 J. C. Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Payette } ss.

Certificate No. 16024

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for (Birth or Death)

(Name on Original Certificate) who Borned (Was Born or Died) on Aug 15 1913 (Date of Event)

in Payette (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vernon Smith Foster

Subscribed and sworn to before me this 30th day of August 1944

M. E. Hart

Notary Public, residing at Boise

My commission expires Feb 17, 1946

(Seal)

Signed Stella J Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of August 1944

M. E. Hart

Notary Public, residing at Boise

My commission expires Feb 17, 1946

(Seal)

Signed Stella J. Smith

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 3 1 1944

Form V. S. No. 11-C—15m-6-

[illegible] OF BIRTH
[illegible] 091014462
[illegible] Jany Jr.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Payette

Registration District No. 4

File No. 16025

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 253

Hospital ____

FULL NAME OF CHILD [illegible] Edward Austin Anson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	3	yes	8-9-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer A Anson	FULL MAIDEN NAME	Florance M Moore
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	West Liberty Iowa	BIRTHPLACE	Payette Ida
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C A Barton M D
(Physician or Midwife)

Given names added from a supplemental report

Address Payette Ida

____, 19__

Filed Aug 16 1913 J C Woodward
Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 2 2 1975

NAME

5/7/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH 319-118-014-795

County of Canyon

City of Payette

No. ....., ... St.

Hospital

FULL NAME OF CHILD Rodger Harmon

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

Registration District No. 4

File No. 16026

Primary Registration District No. 1008

Registered No. 254

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Aug. 18th, 1913

FATHER		MOTHER	
FULL NAME	Wm. N. Carstens	FULL MAIDEN NAME	Lillian N. Precht
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Postal Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys. (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug. 18th 1913

Registrar

S-Y CO., 16670

SEP 3 1975

693-[illegible]-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Payette

Registration District No. 4

File No. 16027

No. ....., ... St.

Primary Registration District No. 1008

Registered No. 255

Hospital .....

FULL NAME OF CHILD GaNell Wilburn

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem		Yes	Aug. 25 1913

FATHER		MOTHER	
FULL NAME	Tom F. Wilburn	FULL MAIDEN NAME	Nellie Carpenter
RESIDENCE	Crane Creek, Idaho	RESIDENCE	With husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

Phys (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Payette, Idaho

Filed 8/25/13 19.....

..... Registrar

..... Registrar

S-Y CO., 16670

K

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

State of Oregon Notification of Birth Registration, for Own child, March 16, 1940. No. 79 gives full maiden name of mother as GaNell Wilburn -viewed by V.S. and State of Idaho Marriage Certificate, licensefile no. 1346, Aug. 3, 1929 gives full name of groom as LaVern Kenneth Jeffries

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

and full maiden name of bride as GaNell Wilburn - Payette County - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Baker } ss.

Certificate No. 16027

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wilburn (Name on Original Certificate) who born (Was Born or Died) on Aug. 25, 1913 (Date of Event)
in Payette (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	GaNell Wilburn

Subscribed and sworn to before me this 6th day of June, 1960.

Notary Public, residing at Baker, Oregon
My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES AUG. 5, 1963

Signed Tommie Moore
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1998 Pleasant Dr. Baker, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155

NN 10-29-57 nm

AUG 17 1960

APR 2 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

16026

City of Payette Registration District No. 4 File No.

No. , St. Primary Registration District No. 1008 Registered No. 256

Hospital

FULL NAME OF CHILD Lorn Vern Gilbert

Sex of Child Male | Twin, Triplet, or other? one | and Number in order of birth First | Legitimate? yes | Date of birth Aug 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME R L Gilbert	FULL MAIDEN NAME Effie Horn
RESIDENCE Payette	RESIDENCE Payette
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Ogden Ill.	BIRTHPLACE Dublett Ida
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child who was alive (Dead or alive at birth) at 9-10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Barton M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Aug 26 1913 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

8-21-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16028

Date Filed .....

RECEIVED
AUG 21 1968
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Gilbert (Name on Original Certificate) who was born (Was Born or Died) on Aug 23, 1913 (Date of Event) in Payette, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Lorn Vern Gilbert

Subscribed and sworn to before me this 21 day of August, 1968

Hazel L. Hurlbert
Notary Public, residing at Eagle - Ida
My commission expires Sept 28, 1968
(Seal)

X Signed Verna Gilbert
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file - state of Idaho - # 260569 gives fathers name as Lorn Vern Gilbert, born Sept. 21, 1937.
Viewed by V.S.

AUG 21 1968

Social Security Card # 519-03-6009 gives name as Lorn Vern Gilbert. Card issued July 12, 1937.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 231-226-014-389

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 16029

Primary Registration District No. 1008 Registered No. 257

FULL NAME OF CHILD Geneva Georgia Stanton

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas W Stanton	FULL MAIDEN NAME	Jessie Eva Thistle
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Woodward

Physician (Physician or midwife)

Address Payette, Idaho

Filed Aug 27 1913 J C Woodward Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

FEB 14 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

347-217-014-714

PLACE OF BIRTH

County of Canyon

City of

No. , St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 16030

Primary Registration District No. 1008 Registered No. 258

FULL NAME OF CHILD Ethel Muriel Leigh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			yes	Aug 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jay N. Leigh	FULL MAIDEN NAME	Eva Paul
RESIDENCE	Canyon Co.	RESIDENCE	Canyon Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minneasaba	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Sarajin MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Nyssa Ore

Filed Aug 27 1913 J C Woodward Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 10-0—10m-4-7-11

STATE OF IDAHO

Bureau of Vital Statistics

...ACE OF BIRTH.

317-120-014-742

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of

No. , St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 16031

Primary Registration District No. 1008 Registered No. 259

FULL NAME OF CHILD ~~Baby Lagerson~~ RAYMOND PUSEY LAGESON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 20 1913

FATHER	MOTHER
FULL NAME: Justine ~~Lagerson~~ LAGESON	FULL MAIDEN NAME: Mabel ~~Puzey~~ PUSEY
RESIDENCE: Canyon County	RESIDENCE: Canyon County
COLOR: White AGE AT LAST BIRTHDAY 25 (Years)	COLOR: White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE: Minnesota	BIRTHPLACE: California
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:05 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Sarazin MD

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Nyssa Ore

Filed Aug 27 1913 J C Woodward

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 27 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16031

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Logerson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 20, 1913 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Baby Logerson	Raymond Pusey Lageson
Maiden name of mother	Mabel Puzey	Mabel Pusey

Subscribed and sworn to before me this 21st
day of October, 1942
Notary Public, residing at Oakland, California
My commission expires April 30th 1945
(Seal)

Signed Justin Sereno Lageson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1337 Grant St. Berkeley, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

OCT 28 1942

OCT 31 1963

619-230-014293

PLACE OF BIRTH

City of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 4

File No. 16032

Primary Registration District No. 1008

Registered No. 260

FULL NAME OF CHILD Jessie Louise Farmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Aug 30/13, 191...

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard M. Farmer	Annie Bills
RESIDENCE	Payette, Idaho	Payette, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Sheep raiser	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1/20 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J R Woodward

Physician (Physician or Midwife)

Address Payette, Idaho.

Filed Sept 5th 19 13 J C Woodward Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

219-231-014-114

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C--15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ....., ... St.

Hospital .....

Registration District No. 4

File No. 16033

Primary Registration District No. 1008

Registered No. 261

FULL NAME OF CHILD Ines Roena ~~Not Named~~

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	✓	1	Yes	Aug 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl N Bartlett	FULL MAIDEN NAME	Myrtle James
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Nebr.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch M.D.

Physician (Physician or Midwife)

Address Payette Idaho

Filed Sep 5 1913 J C Woodward Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 14 1966

319-119-020-[redacted]

PLACE OF BIRT[redacted]

Form V. S. No. 11-C—[redacted]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmor[redacted]

City of Mountain Home

Registration District No. 34 File No. 16034

No. ..... St.

Primary Registration District No. 2020 Registered No. 54

Hospital .....

FULL NAME OF CHILD Ralph Adolph Carlson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	Second	Yes	Aug 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl A Carlson	FULL MAIDEN NAME	Helga M Liane
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Mountain Home

Filed Aug. 23d 1913 B. W. Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-356090

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

411-229-020-712

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 16035

No. — St.

Primary Registration District No. 2020 Registered No. 57

Hospital —

FULL NAME OF CHILD Edna May Maas

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Maas	FULL MAIDEN NAME	Lizzie Gastel
RESIDENCE	Grand View	RESIDENCE	Grand View
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Mountain Home

Filed Aug. 31st 1913 B W Mather
Registrar

Registrar

R-Y CO. 20174

U. S. No. 11-C—20m-2-15-12

STATE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

499.111.020-255

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 16036

No. —, St.

Primary Registration District No. 2020

Registered No. 55

Hospital —

FULL NAME OF CHILD VALERIANO URRESTI

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	— (To be answered only in event of plural births)	—	yes	Aug. 11th (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Polonio Urresti	FULL MAIDEN NAME	Carmen Bengochea
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Mountain Home

..... 19.....

Filed Aug. 23d 1913 B.W. Mather

Registrar

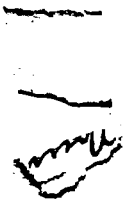
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Blaine }

Certificate No. 16035

Date Filed FEB 26 19[illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Urresti (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 8/22/13 (DATE OF EVENT)
in Mountain Home, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by baptismal record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 23, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Valeriano Urresti
Birth date	8/22/13 (11)	8/11/13

Subscribed and sworn to before me this 24th
day of February 1942
Conway Gillespie
Notary Public, residing at Hailey, Idaho
My commission expires 2/11/44
(SEAL)

Signed David Urresti
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Hailey, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of February 1942
Conway Gillespie
Notary Public, residing at Hailey, Idaho
My commission expires 2/11/44
(SEAL)

Signed David Urresti
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Hailey Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

613-122-020-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 16037

No. —, —— St. Primary Registration District No. 2020 Registered No. 56

Hospital —

FULL NAME OF CHILD Fred Merlin Waller

Sex of Child	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 22nd (Year) 1913
m		yes	

FATHER

FULL NAME: Fred Waller

RESIDENCE: Mountain Home

COLOR: W AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Ill.

OCCUPATION: Clerk (bakery)

MOTHER

FULL MAIDEN NAME: Emma Ladd

RESIDENCE: Mountain Home

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Texas

OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Walker

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Aug. 23rd 1913 B. W. Walker Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 23 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-101-0[redacted]

Form V. S. No. 11-C—20m-3-15-12

PLACE OF [redacted]

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ca[redacted]

Near City of Middleton

Registration District No. 3 File No. 16038

No. ..... St.

Primary Registration District No. 2005 Registered No. 189

Hospital .....

FULL NAME OF CHILD .....

Sex of Child M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William C Watt	FULL MAIDEN NAME	Fanny E Lilly
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Nebraska
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star, Idaho

Filed Sept. 9th 1913 John S. Meyer Registrar

S-Y CO. 20174 Registrar

Form V. S. No. 11-C—30m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

766-118-014-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Middleton

Registration District No. 3 File No. 16039

No. ..... St.

Primary Registration District No. 2005 Registered No. 188

Hospital .....

FULL NAME OF CHILD Alexander LORAIN [redacted] Powell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	July 18 1913

FATHER		MOTHER	
FULL NAME	Lassyus E Powell	FULL MAIDEN NAME	Ella M. Blessinger
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ills	BIRTHPLACE	Idaho
OCCUPATION	R R	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Hall MD

Star Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept. 9 1913 Jos. S. Meyer Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Multnomah } ss.

Certificate No. 16039

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alexander L. Powell (Name on Original Certificate) who was born (Was Born or Died) on July 18, 1913 (Date of Event)
in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Alexander L. Powell	Alexander Lorain Powell

Subscribed and sworn to before me this 17th
day of February, 1942

Signed Mrs Ollie M. Powell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Floyd D. Eckhardt
Notary Public, residing at Portland, Ore.

My commission expires Sept. 13, 1945.
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

JUN 6 1975

APR

[illegible] 595

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 16040

Primary Registration District No. 1005 Registered No. 174

FULL NAME OF CHILD Earle Vining Potter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug. 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward H. Potter	FULL MAIDEN NAME	Grace M Vining
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Hotel [illegible]	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Aug. 5 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

Form V. S. No. 1 C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235.102.014-651

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rural

Registration District No. 3 File No. 16041

No. ..... St.

Primary Registration District No. 2005 Registered No. 175

Hospital ✓

FULL NAME OF CHILD Richard W. Stevens.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Washington Dr. Stevens	FULL MAIDEN NAME	Anna R. L. Ovard
RESIDENCE	Caldwell Rural	RESIDENCE	Caldwell Rur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Job S. Meyer ~~[illegible]~~

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Idaho

Filed Aug 4th 1913 Job S. Meyer Registrar

Registrar

S-Y CO. 20174

APR 29 1949

317-204-014-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 16042

Primary Registration District No. 2005 Registered No. 176

FULL NAME OF CHILD RUTH ELEANOR LAPPIN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	→		—	yes	Aug. (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil Lappin	FULL MAIDEN NAME	Nora F. Slinker
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (BN)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Aug. 5 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20794

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 16042

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)

for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)

in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Ruth Eleanor Lappin

Subscribed and sworn to before me this 10th day of June, 1942

Marion E. Orr
Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(Seal)

Signed Nora Lappin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

JUN 1 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 3 File No. 16043

Primary Registration District No. 1005 Registered No. 177

FULL NAME OF CHILD Lewis Verrean Holmes.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Aug. 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. V. Holmes	FULL MAIDEN NAME	Nettie Pennington
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Ill.
OCCUPATION	Rail-road man.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible] (BM)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Aug - 6 - 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

DUP OF 1913 - 202601

267-108-014-433

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 16044

Primary Registration District No. 2005 Registered No. 178

FULL NAME OF CHILD Burton Frank Soper

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Aug 8, 1913

FATHER		MOTHER	
FULL NAME	Frank Edward Soper	FULL MAIDEN NAME	Jessie McLain
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth,

(Signature) F. P. Smith D.O.

Caldwell Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Aug 17 1913 John S. Meyer Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-114-014-993

PLACE OF BIRTH

County of ~~Caldwell~~ Canyon

City of Caldwell

No. ..... St.

Hospital No

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 16045

Primary Registration District No. 2005 Registered No. 179

FULL NAME OF CHILD Richard Franklin Trotter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	8 (Month) — 14 (Day) — 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank C. Trotter	FULL MAIDEN NAME	Maud Richards
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Editor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(BN)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Aug 14th 1913 John S. Meyer Registrar

Aug-14-13.

Registrar

B-Y CO. 20174

Form V. S. No. 11-C—Rev. 8-51

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OCT 30 1951

152-115-014-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 16046

Primary Registration District No. 1005 Registered No. 180

FULL NAME OF CHILD Elmer Samuel Jester

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joshua Jester	FULL MAIDEN NAME	Dryuthee Lizzie Brown
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Deleware	BIRTHPLACE	Indiana
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Caldwell, Idaho

Filed Aug 24 1913 Joh S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF [illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16046

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jester (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 15, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamd	Elmer Samuel Jester

Subscribed and sworn to before me this 31st day of October, 1973

Notary Public residing at 1199 Carey Dr., Concord, Cal.

My commission expires October 14th, 1976

(Seal)

1199 Carey Drive, Concord, CA. 94520

Signed Elmer Jester Jester
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

P.O. Box 4604 - Walnut Creek-Cal. 94596
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/15/73 nm

Photo-copy of Family Bible gives name as Elmer Samuel Jester born Aug. 15, 1913 viewed by V. S.

NOV 4 1974

Marriage License from Idaho gives name as Elmer S. Jester and the birde's name as Lois Berry. dated June 24, 1939. viewed by V. S.

133-217-014-419

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ~~Caldwell~~ Greenleaf

No. ..... St.

Hospital No.

Registration District No. 3 File No. 16047

Primary Registration District No. 2005 Registered No. 181

FULL NAME OF CHILD ETHEL VIVIAN ALLEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	8 (Month) - 17 (Day) - 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clark Allen	FULL MAIDEN NAME	Etta Martin
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Aug. 17 1913 Joh S. Meyer Registrar

Registrar

S-17-5/2

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada. } ss.

Certificate No. 16047

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ethel Vivian Allen

Subscribed and sworn to before me this 13th
day of June, 1942.

W. B. Joy
Notary Public, residing at Boise, Ida.
My commission expires 7-1-45
(Seal)

Signed Clark E Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 23 Wilder, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 16 19

249-222-014-818

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ////////// Caldwell Reg.

Registration District No. 3

File No. 16048

No. ////////// St.

Primary Registration District No. 2005

Registered No. 182

Hospital ////////

FULL NAME OF CHILD ?Smith

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	#rd	yes	8/22/13/ 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Smith, Newman K.	FULL MAIDEN NAME	Hayes, Jessie M.
RESIDENCE	Nampa (Canyon County) Rural	RESIDENCE	Nam pa Ida. Rural
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Caldwell Ida

(Physician or [illegible])

Given names added from a supplemental report

19

Address

Filed Aug. 30 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

691-125-014-413

PLACE OF BIRTH

Form V. S. No. 11-C—40m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Rur. Registration District No. 3 File No. 16049

No. ..... St. Primary Registration District No. 2005 Registered No. 183

Hospital No

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	T. J. Franks.	FULL MAIDEN NAME	Lona Mattingly
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (BH)
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 27 1913 John L. Meyer
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 252432

234-228-014-796

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ////////// Caldwell, Rur.

No. ////////// St.

Hospital //////////

Registration District No. 3 File No. 16050

Primary Registration District No. 2005 Registered No. 184

FULL NAME OF CHILD Mutch, Majorie Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	single	3rd	yes	8/28/13/ 191

FATHER	MOTHER
FULL NAME: Mutch, Stuart	FULL MAIDEN NAME: Prosser, Nellie
RESIDENCE: Peaceful Valley	RESIDENCE: Peaceful Valley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Wisconsin.	BIRTHPLACE: Wisconsin
OCCUPATION: Farmer.	OCCUPATION: House wife.

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2. A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. G. Johnson

(Physician or midwife)

Address Caldwell, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug. 30-1913 John L. Meyer Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1969

MAY 30 1975

249.128.074-152

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Blain St. *St.*

Hospital ////////////

Registration District No. 3 **File No.** 16051

Primary Registration District No. 1005 **Registered No.** 185

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	2d	yes	8/29/13 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Smith, Jessie	FULL MAIDEN NAME	Jessee, Mary.
RESIDENCE	Caldwell Ida.,	RESIDENCE	Caldwell Ida.,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Lehigh, Iowa.	BIRTHPLACE	Caldwell ida.,
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. H. Johnson

(Physician ~~or midwife~~)

Address Caldwell Ida

Filed Aug 30 1913 John S. Meyer Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2/1/33

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

569-1.04.01 4-955

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Reg. Registration District No. 3 File No. 16052

No. ..... St.

Primary Registration District No. 2005 Registered No. 186

Hospital .....

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	other	2nd	yes	Sept 4th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benj. F. Northrop	FULL MAIDEN NAME	Bertha Reed.
RESIDENCE	Caldwell Ida.	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	House keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida.

Filed Sept. 8-1913 John D. Meyer Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 7 1975

133-204-014-813

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Rug.

Registration District No. 3 File No. 16053

No. ..... St.

Primary Registration District No. 2005 Registered No. 187

Hospital .....

FULL NAME OF CHILD Bertha Jane Allen

Sex of Child	Twin Triplets or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	5	yes.	Sept 4 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David R. Allen	FULL MAIDEN NAME	Emma Hackney
RESIDENCE	Notus	RESIDENCE	Notus Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Caldwell Ida

Filed Sept. 8 1913 John S. Meyer
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1959

751-129-007-791

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16054

County of Blaine

City of Moore

R[redacted]ct No. 59

File No.

No. St.

Primary Registration District No. 2159

Registered No.

Hospital

FULL NAME OF CHILD Albert Blaine Pearson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M.			Yes	Aug (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert Russell Pearson	FULL MAIDEN NAME	Geneva Theresa Pratt.
RESIDENCE	Moore	RESIDENCE	Moore.
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Rancher.	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthaei

(Physician or midwife)

Given names added from a supplemental report

19

Address Arco

Filed Aug 29 1913 D W Matthaei
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 31 1964

PLACE OF BIRTH

415-222-007-66

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16055

County of Blaine

City of Moore

No. ....., ... St.

Hospital No

Registration District No. 59 File No. 2

Primary Registration District No. 2159. Registered No. .....

FULL NAME OF CHILD Ethel Estella Mann.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes.	Aug. 22 1913

FATHER		MOTHER	
FULL NAME	Ansen Mann.	FULL MAIDEN NAME	Ethel Wood.
RESIDENCE	Moore	RESIDENCE	Moore.
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12-30 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Arco, Ida.

Filed Aug 30 1913 D W Mantrace Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

769-202-001-331

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 16057

No. ....., ... St.

Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Anna Logie Gore

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	one		3rd	Yes	Aug. (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rosco B. Gore	FULL MAIDEN NAME	Dora B. Clark
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Meridian Ida

Filed Sep. 9 1913 C. L. Dutton Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 2 8 1975

993-124-001-381

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1 File No. 16058

No. ....., ... St.

Primary Registration District No. 2003. Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Melvin Richards

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	1	4th	yes	Aug 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur J. Richards	FULL MAIDEN NAME	Maggie A. Chapman
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Meridian

Filed Sep 18 1913 C. L. Dutton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

DEC 11 1950

JUN 13 1973

652-220-001-214

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 16059

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD Gertrude Amelia Webb.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1st	yes	Aug 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sam A. Webb.	Mary M. Shutts
RESIDENCE	Meridian Idaho	Meridian Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Mont.	Del.
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19____

Filed Sep. 1st 1913 C. L. Sutton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 16 1975

DECEASED

291-230-019-717

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Clayton

Registration District 14

File No. 16061

No. ....., ... St.

Primary Registration District No. 2060

Registered No. 96

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Brockway Ruth Edna

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)			Yes	July 30, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Brockway	FULL MAIDEN NAME	Ida Papworth
RESIDENCE	Clayton	RESIDENCE	Clayton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Ida.
OCCUPATION	Laborer.	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kelley

M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Challis

Filed Aug 10th 1913 C L Kirtley

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 6 1964

MAR 18 1970

435-108-003-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

F IDAHO
AL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 321 N. 114 St.

Hospital

Registration District No. 84

File No. 5 16062

Primary Registration District No. 2161

Registered No. 248

FULL NAME OF CHILD Francis Leon McNalley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	and	Yes	Sept. 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis McNalley	FULL MAIDEN NAME	Leana Kimball
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Nebraska
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed 9-10- 1913 O B Seely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 46062

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Francis Leon McNalley (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1913 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by long acquaintance ship (Bible Record, Insurance Policy, Etc.) prepared on from early Childhood with (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Francis Leon McNalley

Subscribed and sworn to before me this 2nd day of October, 1944

L. M. Greene

Notary Public, residing at Boise Idaho

My commission expires 12-15-47

(Seal)

Signed Vernon J. Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

325 Idaho Bldg, Boise, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1944

312-208-003-547

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1140 N. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 6 16063

Primary Registration District No. 2161 Registered No. 249

FULL NAME OF CHILD Alice Jeanette Castagneto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lloyd W. Castagneto	FULL MAIDEN NAME	Hannah L. Edgley
RESIDENCE	Valley Nebraska	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Valley Nebraska	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Carpenter	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Address Pocatello Idaho

Filed 9-10-1913 O B Seely Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3-11-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAR 1 1 1970
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16063

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Castagneto (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Unnamed	Alice Jeanette

Subscribed and sworn to before me this 11 day of April, 1970.

Notary Public, residing at Eagle, Ida.
My commission expires Jan. 20, 1972
(Seal)

Signed Wilma J. Corn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, # 246019 gives name of mother as Alice Jeanette Castagneto. Child born July 31, 1936. MAR 1 1 1970
Viewed by V.S.

Social Security Card issued Alice Jeanette Baker (Castagneto) # 519 05 3646
issued Dec. 28, 1937.
Viewed by V.S.

535.107.003-693

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 723 N. 8th St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 16064

Primary Registration District No. 2161 Registered No. 250

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 7 1913

FATHER	MOTHER
FULL NAME: Mr. Arthur M Steffen	FULL MAIDEN NAME: Minnie Seal Williams
RESIDENCE: Blackfoot Idaho	RESIDENCE: Blackfoot Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Blackfoot, Idaho
OCCUPATION: Farmer	OCCUPATION: House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-10- 1913

O B Steely
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

238-11-003-291

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1509 N[illegible] St.

Hospital

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 16065

Primary Registration District No. 2161 Registered No. 251

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Sept 11 1913

FATHER		MOTHER	
FULL NAME	Wm. L. Schaperkotter	FULL MAIDEN NAME	Mary Krabenbuhel
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Saitkewitz Germany	BIRTHPLACE	Bern Switzerland
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Keely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Sep 12 1913 O B Keely

Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 11-C—20m-2-15-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

469.210.003.653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 209 N. Johnson St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 516066

Registered No. 247

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9-10-1913

FATHER		MOTHER	
FULL NAME	Geo L Morgan	FULL MAIDEN NAME	Maude Onthank
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Georgia	BIRTHPLACE	Maryland
OCCUPATION	Mgr. Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed 9-12-1913 O B Seely Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

689-129-003-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16067

County of Bannock

City of Pocatello

No. 615 West Whitman St.

Hospital home

Registration District No. 84 File No. 5

Primary Registration District No. 2161 Registered No. 242

FULL NAME OF CHILD Earnest Nathaniel White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William White	FULL MAIDEN NAME	Georgania Mary Brody
RESIDENCE	615 West Whitman	RESIDENCE	615 West Whitman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth fourth Number of children of this mother now living, including present birth fourth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 905 So. Main St.

Filed 9-30 1913 O B Seely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

266.127.003.556

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 84 File No. B16068

Primary Registration District No. 2161 Registered No. 241

FULL NAME OF CHILD George Booron Jr Merritt

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		2		Sept 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George M. Booron	FULL MAIDEN NAME	Miss Lanay May Newton
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oakfield N.Y.	BIRTHPLACE	
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Newton M.D.

Pocatello, Idaho (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-28 1913 O B Steele

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 18 1962

PLACE OF BIRTH

796-225-003-666

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 521 N. Main St.

Hospital

Registration District No. 84 File No. 516069

Primary Registration District No. 2161 Registered No. 340

FULL NAME OF CHILD Lillian Orpha Grooms

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 25th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Edward Grooms	FULL MAIDEN NAME	Lulu May Fowler
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utica, Kansas.	BIRTHPLACE	Canyville Ky.
OCCUPATION	Loco Fireman.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sep 25/13 at 6 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho.

Filed 9-28 1913 O B Steele
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 10 1964

PLACE OF BIRTH

212-225-003692

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 945, W. Center St.

Hospital

Registration District No. 84 — File No. 516070

Primary Registration District No. 2661 — Registered No. 239

FULL NAME OF CHILD Leone A. Baker

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Sept (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Sidney Baker	FULL MAIDEN NAME	Ada May Fisher
RESIDENCE	Dempsey	RESIDENCE	Dempsey
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 — Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Inkom Ida

Filed 9-28-1913 O B [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 13 1959

389-223-003-523

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Episcopal Parsonage St.

Hospital

Registration District No. 84 File No. 516071

Primary Registration District No. 2161 Registered No. 238

FULL NAME OF CHILD Margaret Agnes Christianson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept 23/13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Pete A Christianson	FULL MAIDEN NAME	Emily Esterock
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Princeton, Minn.	BIRTHPLACE	Veden, Austria.
OCCUPATION	Fireman R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 23/13 at 5 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 9-24 1913 O B Seely
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

SEP 23 1942

MAY 18 1955

345-218-003-495

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 131 N. 7th Ave. St.

Hospital

Registration District No. 84 File No. 516072

Primary Registration District No. 2161 Registered No. 237

FULL NAME OF CHILD Katie Nell Luntz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sep. 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Luntz	FULL MAIDEN NAME	Altha Bernice Mingesser
RESIDENCE	131 N. 7th Ave.	RESIDENCE	131 N. 7th Ave.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Kansas
OCCUPATION	blacksmith	OCCUPATION	housekeeping

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main

Filed 9-20- 1913 O. Bruce
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 1 1944

MAY 5 1971

792-214-603-391

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 145 N. Arthur *St.*

Hospital ———

Registration District No. 84 **File No.** 5 16073

Primary Registration District No. 2161 **Registered No.** 235

FULL NAME OF CHILD Elizabeth Gibbs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. (Month) 14" (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Sydney Gibbs	FULL MAIDEN NAME	Willie Mary Crawford
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Monerowville, Alabama	BIRTHPLACE	Birmingham, Alabama
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed 9-16- 1913 O. P. Frey
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 24 1967

693-115-003-271

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted]ATE OF IDAHO
[redacted]OF VITAL STATISTICS
[redacted]TIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 5 16074

No. 230 N. Garfield St.

Primary Registration District No. 2161

Registered No. 336

Hospital

FULL NAME OF CHILD Cecil Hugh ~~Dail~~ Orcutt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hugh H. Orcutt	FULL MAIDEN NAME	Viola May Sparks
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Benton Co., Minn.	BIRTHPLACE	Kirksville, Mo.,
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 9-18- 1913 O. B. Seely
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the nu of each, in order of birth stated.

City of Pocatello

No. 346 E. Clark St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 5160

Registered No. 33

FULL NAME OF CHILD James Mc Ronald 3rd.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	9 (Month) 1 (Day)

FATHER		MOTHER	
FULL NAME	James Mc Ronald Jr.	FULL MAIDEN NAME	Beulah Benton [illegible]
RESIDENCE	346 E. Clark St Pocatello.	RESIDENCE	Hailey Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Cincinnati O.	BIRTHPLACE	Hailey Idaho.
OCCUPATION	Bank Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton

Pocatello, Idaho (Physician or midwife)

Address Pocatello Idaho

Filed 9-12 1913 O B [illegible] Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20175

JAN 24 1948

OCT 22 1956

JUN 6 1966

667-210-003-819

PLACE OF BIRTH

Form V. S. No. 11-C—20M-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Near Inkom

No. ---------- St.

Hospital ----------

Registration District No. 84 File No. 316076

Primary Registration District No. 2161 Registered No. 233

FULL NAME OF CHILD Irene Elizabeth Foxall

Sex of Child	Twin Triplet or other? ---- and Number in order of birth ---- (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 10th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Foxall	FULL MAIDEN NAME	Elinor Harris
RESIDENCE	Inkom, Idaho	RESIDENCE	Inkom, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Worcestershire, England	BIRTHPLACE	Worcestershire, England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard M.D.
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-12-1913 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255.208.003-713

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 5 16077

No. 633-E. Whitman St.

Primary Registration District No. 261

Registered No. 232

Hospital

FULL NAME OF CHILD Charlotte Cecelia Keenan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	----- (To be answered only in event of plural births)	-----	Yes	Sept. 8, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Albert Keenan	FULL MAIDEN NAME	Emma May Patz
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Berks, Nebraska	BIRTHPLACE	Crete, Nebraska
OCCUPATION	Fireman O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard MD (Physician or Midwife)

Given names added from a supplemental report

Address Pocatello

..... 19.....

Filed 9-10- 1913

O. Phillips Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLAC[redacted]

619-107-003-553

County of Bannock

City of Pocatello

No 945 N. Main St.

Hospital ----------

FULL NAME OF CHILD Gavin Jack Tail

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~1[illegible]~~ 84 File No. 5 16078

Primary Registration District No. ~~28~~ 2161 Registered No. 231

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	------		------	Yes	Sept. 7, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Patterson Fail	FULL MAIDEN NAME	Mary K. Nelson
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Richfield, Utah
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Howard, M.D. (Physician ~~or Midwife~~)

Given names added from a supplemental report

Address Pocatello, Idaho

, 19

Filed 9-10- 1913 O B Sieg

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

NOV 25 1942

DEC 4 1942

SEP 4 1969

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V3307-003-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 137, So. 3rd St.

Registration District No. 8th File No. B 16079

Primary Registration District No. 21st Registered No. 220

Hospital

FULL NAME OF CHILD Jean McConkey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	4 7 1913

FATHER	MOTHER
FULL NAME Jno. Henry McConkey	FULL MAIDEN NAME Mable Burbank
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W. AGE AT LAST BIRTHDAY 51 (Years)	COLOR W. AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE New York
OCCUPATION Driver	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-10-1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

363-205-003-238

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 737 N. Garfield St.

Hospital ----------

Registration District No. ~~1001~~ 84 File No. 5 16080

Primary Registration District No. ~~28~~ 9161 Registered No. 229

FULL NAME OF CHILD Marjorie Lucile Collins

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	------	------	Yes	Sept. 5, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry A. Collins	FULL MAIDEN NAME	Kathryn Schmidt
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sydney, Ohio	BIRTHPLACE	Peotone, Ill.
OCCUPATION	Store Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed 9-10- 1913 O B Steele

Registrar

Given names added from a supplemental report

..... 19....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 6 1967

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496-205-003-619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 531 S. Harrison St.

Hospital

Registration District No. 84 File No. 5 16081

Primary Registration District No. 2161 Registered No. 228

FULL NAME OF CHILD Mary Kathleen Dwyer

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	✓	Yes	Sept 5th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Dwyer	FULL MAIDEN NAME	Rose Frances Farnan
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Altoona Pa.	BIRTHPLACE	Williams Mont.
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 5/13 at 6 10 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed 9-10- 1913 O B Steeg
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-8-45-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

717-106-663-639

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1156 N. Arthur St.

Hospital

Registration District No. ~~100284~~

File No. 516082

Primary Registration District No. 28214

Registered No. 227

FULL NAME OF CHILD Donal ~~Peter~~ LAWSON Paxton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Sept 6th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stephen D Paxton	FULL MAIDEN NAME	Margaret Olive
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Rock Springs, Wyo.
OCCUPATION	Loco Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Sept 6/13 at 12 55 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Costello

MD
(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Ida

19

Filed 9-10- 1913 O B Seely
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 16082

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Peter Gaston (Name on Original Certificate) who was born (Was Born or Died) on September 6, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Oct 5th 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Donald Peter	Donal Lawson Paxton

Subscribed and sworn to before me this 7th
day of August 1942.
Jessie A. Rice
Notary Public, residing at Pocatello, Idaho
My commission expires 6/25/45
(Seal)

Signed Margaret Olive Paxton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
mother
906 W. Center St. Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th
day of August, 1942.
Jessie A. Rice
Notary Public, residing at Pocatello, Idaho
My commission expires 6/25/45
(Seal)

Signed Mrs C. H. Gerard
(Signature of Any Credible Person Other Than Previous Year)
210 So Johnson
(Street Address, City, State)
Pocatello Idaho

OCT 12

OCT 13 1942

218-~~103~~-603-214

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 607 S. Hayes St.

Hospital ———

Registration District No. ~~1602~~ 84

File No. 316083

Primary Registration District No. ~~28~~ 2161

Registered No. 226

FULL NAME OF CHILD Still born

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	———		———	Yes	Sept. 3, 19[illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arhtur P. Say	FULL MAIDEN NAME	Emma Bauer
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Lincoln, Nebraska	BIRTHPLACE	Zurich Switzerland
OCCUPATION	Forrester	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19....

Filed 9-4- 1913 O B Steely Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

855-102-003-243

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 857 So. Main St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~1007~~ 84 File No. B 16084

Primary Registration District No. ~~202~~ 161 Registered No. 225

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sep. (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Mosden Henderson	FULL MAIDEN NAME	Rena Ruthella Butcher
RESIDENCE	857 So. Main St	RESIDENCE	857 So. Main
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	New London Iowa
OCCUPATION	common labor	OCCUPATION	housekeeping

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 905 So. Main St

Filed 9-4- 1913 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

295-102 003-366

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 341 S. Main St.

Hospital

Form V. S. No. 11—10m-4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~1001~~ 84 File No. 516085

Primary Registration District No. ~~28~~ 2161 Registered No. 2[redacted]4

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 2 1913

FATHER		MOTHER	
FULL NAME	F. W. King	FULL MAIDEN NAME	Laura Lowe
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pennsylvannia	BIRTHPLACE	Nebraska
OCCUPATION	Carpenter + Builder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Sept 2nd at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Pocatello, Idaho

Filed 9-4- 1913 O B Steele
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Ma. 11—10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913-387338

418-2021003-168

Amended 4-9-63

(Be sure the information is complete and accurate)

State File No. 16086

Local Reg. No. 208

Reg. Dist. No. 84

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eleanor b. (Middle): Marie c. (Last): Dahl

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Sept. (Day) 2, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Arthur b. (Middle): M. c. (Last): Dahl

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Stevenson, Mich.

11a. USUAL OCCUPATION: Blacksmith

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Esther b. (Middle): c. (Last): Johnson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 29 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Norway

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. M. Newton, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: 125 N. 2nd Ave.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 9-4-1913

20. REGISTRAR'S SIGNATURE: O.B. Steely

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

...TRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the ...idence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be r attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner o the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 8 1963 Bureau of Vital Statistics

State of OREGON
County of UNION } ss.

Certificate No. 16086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Marie Dahl (Name on Original Certificate) who was born (Was Born or Died) on Sept. 2, 1913 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible, school cert. (Bible Record, Insurance Policy, Etc.) prepared on Sept 1913 & May 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Marie Dahl	Eleanor Marie Dahl

Subscribed and sworn to before me this 28th day of March, 1963

K. D. Sewell

Notary Public, residing at Union, Oregon

My commission expires Jan 4, 1967

(Seal)

Signed Esther Dahl Sanders

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Union, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of UNION } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 1963

K. D. Sewell

Notary Public, residing at Union, Oregon

My commission expires Jan 4, 1967

(Seal)

Signed Marie A. Jones

(Signature of Any Credible Person)

Union, Oregon

(Street Address, City, State)

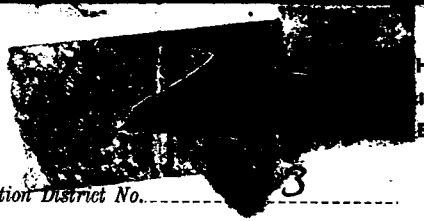
FORM DH 60-155 CL 3-20-63. nm

LaGrande High School Diploma, photo copy of orr., LaGrande, Oregon, dated May 29, 1931 gives full name of student as Eleanor Marie Dahl - viewed by V.S.

Photo Copy of Page from Family Record, titled Births, gives one child's full name as Eleanor Marie Dahl, born Sept. 2, 1913 at 1530 N. Harrison St. - Pocatello, Idaho - appears old and unaltered - viewed by V.S.

344-213-014-944

PLACE OF BIRTH



Form V. S. No. 11-C—15m-6-20-11

HO
istics
BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 16087

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 190

Hospital .....

FULL NAME OF CHILD Mildred Lacetta Martha Cummins

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	7 (Month), 13 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Lytle Cummins	FULL MAIDEN NAME	Amanda Lacetta Victoria Gummermann
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Nurseryman	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Middleton, Idaho

Filed Aug. 16 1913 John S. Meyer

Registrar

(Misplaced J.S.M.)

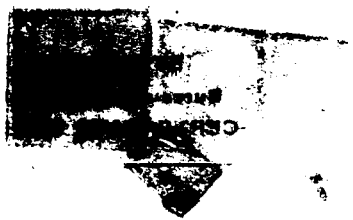
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



AUG 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

355[redacted]4295

PLA[redacted]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

[redacted]ureau of Vital Statistics

[redacted]RTIFICATE OF BIRTH

County of [redacted]yon

City of Middleton

Registration Dis[redacted] 3

File No. 16088

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 191

Hospital Delilah

FULL NAME OF CHILD Katharine Lenaghen

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		6th	yes	July (Month), 24 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred. H. Lenaghen	FULL MAIDEN NAME	Lavada M. Breshears
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Missouri
OCCUPATION	Blacksmith	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Middleton - Idaho

Filed Aug 16th 1913 John S. Meyer

Registrar

Registrar

S-Y CO., 16670

[redacted]Misspaced J.S.M.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

119.104.014994

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ....., ... St.

Hospital .....

Registration District No. 3 File No. 16089

Primary Registration District No. 2005 Registered No. 192

FULL NAME OF CHILD Henry Keneth Jarvis

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			3rd	yes	Aug 4, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John W Jarvis	FULL MAIDEN NAME	Annie Marie Gimmerman
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE		BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Middleton, Idaho.

Filed Aug. 16 1913 John S. Meyer

Registrar

(Misplaced F.S.M.)

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Camp

City of Sandpoint

Amended Oct. 24, 1952

PLACE OF BIRTH

439-211-014-433

County of Canyon

City of Caldwell

No. Rural No. 4 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 16090

Primary Registration District No. 2005 Registered No. 193

FULL NAME OF CHILD VELMA ALICE McINTYRE
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Sept. 11, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	James F. McIntyre	FULL MAIDEN NAME	Mabel McClain
RESIDENCE	Caldwell rural	RESIDENCE	Caldwell rural
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	North Carolina	BIRTHPLACE	Canada
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Mrs. M. McCormick

nurse
(Physician or midwife)

Address Caldwell, Idaho (rural No. 4)

Filed Sept. 24 1913 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 16090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Velma Alice McIntyre (Name on Original Certificate) who born (Was Born or Died) on Sept 11th, 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of father and child	McIntire	McIntyre

Subscribed and sworn to before me this 23 day of October, 1952
L Murphy
Notary Public, residing at Boise, Idaho
My commission expires January 19th, 1955
(Seal)

Signed James P McIntyre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
808 Maple st Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

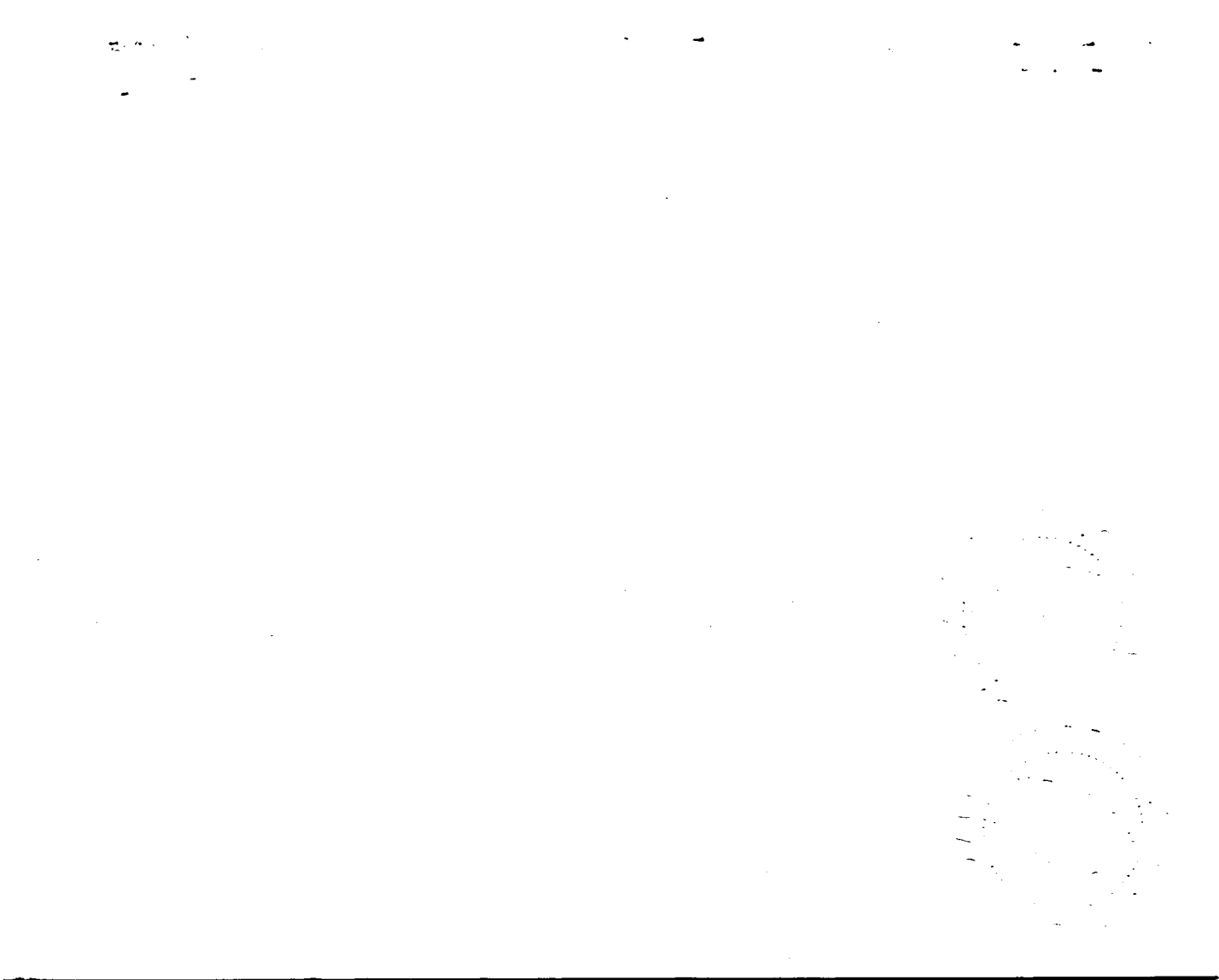
State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of October, 1952
L Murphy
Notary Public, residing at Boise, Idaho
My commission expires January 19th, 1955
(Seal)

Signed Mrs P. T. McIntyre
(Signature of Any Credible Person)
312 10th S. North Nampa
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

994-113-01K253

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 16091

Primary Registration District No. 2004

Registered No. 194

FULL NAME OF CHILD Charles Edward Riddle

Sex of Child: Male

Twin, Triplet or other? — and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? yes.

Date of Birth: Sept. 13, 1913 (Month) (Day) (Year)

FATHER

FULL NAME: J. Riddle

RESIDENCE: Caldwell

COLOR: white

AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Berta Beckwith

RESIDENCE: Caldwell

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Ida.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) at 10:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife) (BM)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

S-Y CO. 20174

Registrar

Filed Sept. 17 1913

John V. Meyer

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1609

JUL 2 0

MAR 25 1954

766-116-01-4394

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16092

County of Canyon

City of Caldwell

Registration District No. 3 File No.

No. St.

Primary Registration District No. 2005 Registered No. 195

Hospital Yes.

FULL NAME OF CHILD Mark Tidgwell Goodwin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Sept. 16 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. C. Goodwin	FULL MAIDEN NAME	Louise Tidgwell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife) (B.V.)

Given names added from a supplemental report

....., 19.....

Address Caldwell Ida.

Filed Sept. 17 1913 John L. Myers

8-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 6 1942

PLACE OF BIRTH

NOV 7 1974

762-216-01

PLACE OF BIRTH [redacted] TE OF IDAHO
[redacted] F VITAL STATISTICS
[redacted] FICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

County of Canyo[redacted]

City of Caldwell

Registration District No. 3 File No. 16093

No. ..... St.

Primary Registration District No. 2005 Registered No. 196

Hospital No.

FULL NAME OF CHILD Sarah Gertrude Postlethwaite

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes.	Sep 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. C. Postlethwaite	FULL MAIDEN NAME	Gertrude L Cix.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Ohio.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Sept. 23 1913 John J. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 31 1973

NOV 5 1976

214-119.037-4

PLACE OF BIRTH

County of Owyhee

City of Homedale Idaho

No. ..... St.

Hospital No.

Registration District No. 3 File No. 16094

Primary Registration District No. 2005 Registered No. 197

FULL NAME OF CHILD James Sample

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Sep 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. R Sample	FULL MAIDEN NAME	Jennie Miller
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	N. Y.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Her. S. J. Miller (BN)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Sept. 23 1913 John J. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF
BUREAU OF VITA

CERTIFICATE OF BIRTH

PLACE OF BIRTH

699-220-014 343

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STAT[redacted]

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 16095

No. ..... St.

Primary Registration District No. 2005 Registered No. 198

Hospital No.

FULL NAME OF CHILD Geneva Mary Friend

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sep (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. S. Friend	FULL MAIDEN NAME	Anna Tuttle
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Penn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hr. F. M. Cole (BN)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Sept. 23 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STAT

CERTIFICATE OF BIRTH

PLACE OF

FEB 15 1950

168-126-014-785

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon.

City of Caldwell

Registration District No. 3

File No. 16096

No. ..... St.

Primary Registration District No. 2003

Registered No. 199

Hospital No.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—	—	—	Yes	Sept	24	1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. T. Johnson.	FULL MAIDEN NAME	Pearl Phelps.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ohio.	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Iowa.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole (BN)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Sept. 29- 1913 John D. Meyer
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

594226101X127

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 16097

No. ..... St.

Primary Registration District No. 1005

Registered No. 200

Hospital No.

FULL NAME OF CHILD Mary Estella Eidemiller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sep (Month) 26 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. M. Eidemiller	FULL MAIDEN NAME	Bertha Aspinall
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (BN)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Sept. 29 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-11-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH MAR 23 1942

PLACE OF BIRTH

County of

345 227 014 569

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 16098

No. ..... St.

Primary Registration District No. 2005 Registered No. 201

Hospital No.

FULL NAME OF CHILD Josephine Norris Cunningham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Sep (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Cunningham	FULL MAIDEN NAME	Myrtle Norris
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one, that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Sept. 29 1913 John S. Meyer

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 9 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

AUG 13 1974

Bureau of Vital Statistics

Certificate No. 16098

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cunningham (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1913 (Date of Event)

in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Applications for Social Security Numbers (Bible Record, Insurance Policy, Etc.) prepared on October 27, 1938 & Dec. 21, 1942 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Josephine Norris Cunningha

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed X (Sister)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1602 Dewey Street, Boise, Idaho 83702

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of July, 1974

Ada A. Conner

Notary Public, residing at Boise Idaho

My commission expires March 5, 1975

(Seal)

Signed Lila G. Stoddard (Sister)

(Signature of Any Credible Person)

1602 Dewey, Boise, Idaho 83702

(Street Address, City, State)

FORM DH 60-155 CL 2/25/74 nm

Supporting Affidavit of Second Person attached.

Emplyee's request for Change in record (Social Sec. No. 518-18-4928) gives name as Joseph Norris Scheiderich. previously las name ~~x~~ was Shockey. Father's name Bert Cunningham. viewedby V. S. Dated Dec. 21, 1942.

SEP 10 1974

Apllication for ~~XXXXX~~ Social Security Card No. (518-18-4928) gives name as ~~XXXXXXXX~~ Josephine Norris Cunningham Shockey.. father's last name as Cunningha. dated Oct. 27, 1938. viewed by V. S.

255-201-014 435

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 16099

No. ..... St.

Primary Registration District No. 2005 Registered No. 202

Hospital No.

FULL NAME OF CHILD Vivian Frances Kennedy.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Oct - 1 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. C. Kennedy.	FULL MAIDEN NAME	Ethel McNiely
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller (BH)
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 6 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 2 1944

RECORD

859-105-014-153

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... St.

Hospital No.

Registration District No. 3 File No. 16100

Primary Registration District No. 2005 Registered No. 203

FULL NAME OF CHILD Emmett Antrim

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct (Month) 5 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo J. Herlocker	FULL MAIDEN NAME	Caroline Antrim
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hr. S. J. Miller

(B.N.)

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 6th 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1970

PLACE OF

No. 3 File No. 16101

St.,

Primary Registration District No. 2005 Registered No. 204

Hospital

FULL NAME OF CHILD Charles Robert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Oct 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. J. Tucker	Edith M. Jackson.
RESIDENCE	Greenleaf.	Greenleaf.
COLOR	whi6-	whi6-
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Rancher	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5-15- a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. S. J. Miller (BH)

(Physician or midwife)

Given names added from a supplemental report

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each such child, in order of birth stated.

AUG

Amended July 8, 1963

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16102
Local Reg. No. 205
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): ---

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Velma
b. (Middle): Faye
c. (Last): Griffiths

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) October (Day) 7, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): L.
b. (Middle): E.
c. (Last): Griffiths

8. COLOR OR RACE: White

9. AGE (At time of this birth): 30 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Ill.

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Fay
b. (Middle):
c. (Last): Myers

13. COLOR OR RACE: White

14. AGE (At time of this birth): 25 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Ill.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Dr. S. J. Miller

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Caldwell, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct 9, 1913

20. REGISTRAR'S SIGNATURE: John S. Meyers

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
respondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner c the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certif cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of CANYON - }

Certificate No. 16102

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Velva Mae Griffith (Name on Original Certificate) who was born (Was Born or Died) on October 7, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Velva Mae Griffith	~~Velva~~ Faye Griffiths
		VELMA

Subscribed and sworn to before me this 1st day of October
October 1962

Martin C. Wadberg

Notary Public, residing at Caldwell, Idaho
My commission expires Dec. 28, 1964
(Seal)

Signed Mrs. Faye Griffiths
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD. No. 3, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CANYON - }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of
October 1962

Martin C. Wadberg

Notary Public, residing at Caldwell, Idaho
My commission expires Dec. 28, 1964
(Seal)

Signed Lewis E. Griffiths
(Signature of Any Credible Person)

RFD. No. 3, Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155

Family Bible obviously old, gives name as Velma Faye Griffiths born Oct 7, 1913. viewed by V.S.

The First National Bank, Caldwell, Idaho (Savings Department) #677 dated Nov. 15, 1923. gives name as Velma Faye Griffiths. viewed by V.S.

394-124-029-713

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Avon

Registration District No. 67 File No. 16103

No. ..... St.

Primary Registration District No. 2147 Registered No. .....

Hospital .....

FULL NAME OF CHILD Jesse Raymond

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Sept 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred J Lunsford	FULL MAIDEN NAME	Lucy Paterson
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Deary

Filed 9/24 1913 P. C. Faust
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME	FATHER	MAIDEN NAME			
RESIDENCE		RESIDENCE			
	AGE AT LAST BIRTHDAY	COLOR	AGE AT L BIRTHD		(Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745120 94

Form V. S. No. 11-C—20m-2-15-12

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]ida

City of Boise

No. 406 No 5th St.

Hospital —

Registration District No. 2

Primary Registration District No. 1004

File No. 16104

Registered No. 325

FULL NAME OF CHILD

Sex of Child: M	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Gaess	FULL MAIDEN NAME	Ida Drakebush
RESIDENCE	406 No 5th	RESIDENCE	406 No 5th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Oregon
OCCUPATION	Brewer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey

Physician (Physician or midwife)

Address Boise

Filed 9-29 1913

M. S. Parker
Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

Form V.S. No. 11-C-20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

BIRTHPLACE

COLOR

BIRTHDA

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

664 [illegible] 433

PLAC[illegible]

Form V. S. No. 11-C—15m-[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of Boise [illegible]ation District No. 2 File No. 16105

No. Cherry Mar[illegible] St. Primary Registration District No. 1004 Registered No. 326

Hospital

FULL NAME OF CHILD Zeta M. Foust.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Sept. 20" 1913

FATHER		MOTHER	
FULL NAME	James Foust	FULL MAIDEN NAME	Ollie Mae McCrackens
RESIDENCE	Oklahoma	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ohio	BIRTHPLACE	Caldwell Co. Ohio.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 9-30 1913 M. S. Parker Registrar

Registrar

S-Y CO., 16670

JUN 23 1966

49425.001.755

Form V. S. No. 11-O

PLACE OF BIRTH

County of Ada

City of Boise

No. 519 No 6" St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16106

Primary Registration District No. 1004 Registered No. 324

FULL NAME OF CHILD William Everett Smith Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Sept. 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E. Smith	FULL MAIDEN NAME	Alice L. Tenesy
RESIDENCE	519 No 6"	RESIDENCE	519 No 6"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	R.I.	BIRTHPLACE	Nev.
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. T. Turkey

Physician (Physician or midwife)

Address Boise

Filed 9-29 1913 [illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Original

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

(Years)

285-218001-279

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 5050 2nd St.

Registration District No. 2 File No. 16107

Primary Registration District No. 1004 Registered No. 323

Hospital

FULL NAME OF CHILD RUTH MARIE BYERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 18 1913

FATHER		MOTHER	
FULL NAME	Edward Byers	FULL MAIDEN NAME	Lucy R Springer
RESIDENCE	Mora Idaho	RESIDENCE	Mora Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bonk

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-24 1913 M S Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

FEB 1 1942

Certificate No. 16107

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Marie Byers (Name on Original Certificate) who was born (Was Born or Died) on Sept 18 1913 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on Sept. 18 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	-- unnamed	Ruth Marie Byers

Subscribed and sworn to before me this 13th
day of February, 19 42

E. T. Saddy
Notary Public, residing at Vancouver, Wash.
My commission expires 9/11/45
(Seal)

Signed Lucy R Byers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3415 "I" St. Vancouver Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Clark } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of February, 19 42

E. T. Saddy
Notary Public, residing at Vancouver, Wash.
My commission expires 9/11/45
(Seal)

Signed Beatrice L. Byers
(Signature of Any Credible Person Other Than Previous Year)
3415 "I" St. Vancouver Wash.
(Street Address, City, State)

OCT 1 1976

291-219-00-955

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise, Idaho

No. 1123 Wash. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16108

Primary Registration District No. 1004 Registered No. 322

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 19 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Ralph E. Braman	FULL MAIDEN NAME	Nellie A. Ivers
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 9-24 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-6-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

258-116100-614

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2023, N 9 St.

Hospital St. Lukes

Registration District No. 2 File No. 16109

Primary Registration District No. 1004 Registered No. 321

FULL NAME OF CHILD George Edgar Keyser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Sept 16 1913

FATHER		MOTHER	
FULL NAME	Harry Keyser	FULL MAIDEN NAME	Mabel Waugh
RESIDENCE	2023 N 9th	RESIDENCE	2023 N 9th
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Nebr	BIRTHPLACE	Nebr
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasscock

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 9-23 1913 M. S. Parker

Registrar

Registrar

BYMS - YORK CO., PTRS. & BORS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

AUG 22 1941

JUL 8 1955

869-212-004-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. Broadway St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16110

Primary Registration District No. 1004 Registered No. 320

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	April 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Steven Lorence	Lucy Moon
RESIDENCE	traveling to Mont.	—
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Mo.	Mo
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glance

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-23 1913 M. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. H-C-10m-8-7-11

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753-220-001-915

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. So Boise St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16111

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 319

FULL NAME OF CHILD VIOLA VERNETA Peterson

Sex of Child Fe.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 9 (Month) ~~22~~ 20th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John C Peterson	FULL MAIDEN NAME	Maud Randal
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W. AGE AT LAST BIRTHDAY 46 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettengill

(Physician or midwife)

Given names added from a supplemental report.

19

Address Salk Bldg

Filed 9-23 1913 M. S. Parker

Registrar Registrar

MARGIN RESERVED FOR BINDING

[illegible] PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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Number of children of h

FULL
MAIDEN
NAME

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Silver Bow } ss.

Certificate No. 16111

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Viola Verneta Peterson (Name on Original Certificate) who was born (Was Born or Died) on Sept 20, 1913 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 21, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Viola Verneta Peterson
Date	Sept. 22nd	Sept. 20, 1913

Subscribed and sworn to before me this 10th
day of August, 1942.

Lily Caron
Notary Public, residing at Butte, Montana

My commission expires January 15, 1944.
(Seal)

Signed Mrs Maude Gillis (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3015 Hannibal, Butte.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Silver Bow } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of August, 19 42.

Lily Caron
Notary Public, residing at Butte, Montana

My commission expires January 15, 1944.
(Seal)

Signed Mrs. Etta Coates (Sister)
(Signature of Any Credible Person Other Than Previous Year)

3015 Hannibal St.
(Street Address, City, State)
Butte Montana

AUG 17 1942

AUG 2 0 1942

133-113-09-315

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Boise — Registration District No. 2 — File No. 16112

No. 530 So. 16th St. — Primary Registration District No. 1004 — Registered No. 318

Hospital

FULL NAME OF CHILD Floyd Hamilton Allumbaugh

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 13 1913

FATHER	MOTHER
FULL NAME: Frank D. Allumbaugh	FULL MAIDEN NAME: Bessie M. Canfield
RESIDENCE: 530 So. 16th St.	RESIDENCE: 530 So. 16½ St.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Foreman Coal Yard	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....
Registrar

Filed 9-20-1913 M. S. Parker
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 30 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-214-001-662

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 507 So 13" St.

Registration District No. 2 File No. 16113

Primary Registration District No. 1004 Registered No. 317

Hospital

FULL NAME OF CHILD Fern Dost

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	Yes	Sept. 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred H. Dost	FULL MAIDEN NAME	Blanche E. Foster
RESIDENCE	507 So 13" St	RESIDENCE	507 So 13" St.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oreg
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Lukey

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 9-20 1913 M. S. Parker
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 1 1956

295.112.001-663

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 1617 Washington St.

Hospital

Registration District No. 2 File No. 16114

Primary Registration District No. 1004 Registered No. 316

FULL NAME OF CHILD John Francis ~~Kerny~~ Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 12 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. R. Kerny	FULL MAIDEN NAME	Ella Foltz
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Wisconsin
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Book

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-18 1919 M. E. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1976

DEPT OF HEALTH

756 213-001-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise Idaho

Registration District No. 2 File No. 16115

No. ..... St.

Primary Registration District No. 1004 Registered No. 315

Hospital .....

FULL NAME OF CHILD MYRTLE MARIE GEORGE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph George	FULL MAIDEN NAME	Mary M Cooley
RESIDENCE	So Boise, Idaho	RESIDENCE	So Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 0 (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-18 1913 M. C. Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 16115

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Myrtle Marie George (Name on Original Certificate) who was born (Was Born or Died) on September 13, 1913 (Date of Event)

in Boise, Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Myrtle Marie George

Subscribed and sworn to before me this 8th day of July, 19 42

[signature]

Notary Public, residing at Nampa, Idaho

My commission expires August 4, 1945

(Seal)

Signed Mrs Elvesta Alice Simms

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 554, Nampa, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Canyon }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of July, 19 42

[signature]

Notary Public, residing at Nampa, Idaho

My commission expires May 8 1943

(Seal)

Signed [signature]

(Signature of Any Credible Person Other Than Previous Year)

Smallwood Bldg., Nampa, Idaho

(Street Address, City, State)

JUL 9 1942

JUL 10 '02

696.208.00-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So. Boise Idaho — Registration District No. 2 — File No. 1616

No. ____ St. — Primary Registration District No. 1004 — Registered No. 314

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 8 1913

FATHER		MOTHER	
FULL NAME	Martin S. Frost	FULL MAIDEN NAME	Rosa M. Thompson
RESIDENCE	So. Boise Idaho	RESIDENCE	So Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Kas.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 8 A. M. on the date above stated.

(Signature) John Barker

(Physician or Midwife)

Address Boise Idaho

Filed 9-18 1913 W. S. Foster Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-211-001-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 1815 N 17th St.

Hospital

Registration District No. 2

File No. 16117

Primary Registration District No. 1004

Registered No. 313

FULL NAME OF CHILD Lova Mae Seely

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C Seely	FULL MAIDEN NAME	Ada L. Mathews
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Barth

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-18 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Riverside

Certificate No. 16117

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Seely (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1913 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Insurance (Bible Record, Insurance Policy, Etc.) prepared on 1913 - Ins. 7-46 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Fmily Bible Record Social Security Card	570-30-1723 - both viewed by vital stat.
Child's Name	Unnamed	Lova Mae Seely

Subscribed and sworn to before me this 7th day of Nov., 1957

J. W. Hess
Notary Public, residing at Riverside County
My commission expires 5/4/57
(Seal)

Signed Ida Idaho Seely
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3761 Donald Arlington Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Riverside

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of Nov., 1957

J. W. Hess
Notary Public, residing at Riverside County
My commission expires May 4, 1960
(Seal)

Signed John C Seely
(Signature of Any Credible Person)
Rt #1 - Box 427 - Mira Loma, Calif.
(Street Address, City, State)

FORM DPH 55. 155

NN 7-18-57 1 copy paid

MAR 24 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16118

No. 1908 N. 18½ St.

Primary Registration District No. 1004

Registered No. 312

Hospital

FULL NAME OF CHILD Virgil Marion George

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Sept. 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. George	Stella S. Hunt
RESIDENCE	1908 No. 18½ St.	1908 No. 18½ St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Filed 9-17 1913 W. S. Parker
Registrar

S-Y CO., 16870

AUG 8 1973

255-205-001-284

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-

16119

County of Ada

City of Boise — Registration District No. 2 — File No.

No. 2008, Harrison St. — Primary Registration District No. 1004 — Registered No. 311

Hospital

FULL NAME OF CHILD Lois Susan Bringer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2nd	yes	Sept. 5th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Bringer	Emma C. Shurz
RESIDENCE	2005 Harrison Blvd	2008 Harrison Blvd
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Laundryman	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....
Registrar

Filed 9-17 19 13 W. S. Parker
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-205-001-284

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16120

No. 2008, Harrison St.

Primary Registration District No. 1004

Registered No. 300

Hospital

FULL NAME OF CHILD Not named - only lived 2 days

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	1st	Yes	Sept 5 1913

FATHER	MOTHER
FULL NAME: W. J. Bruger	FULL MAIDEN NAME: Emma C. Shuey
RESIDENCE: 2008 Harrison Boulv.	RESIDENCE: 2008 Harrison Blv'd
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Iowa
OCCUPATION: Laundryman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3rd

Number of children of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7.25 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-17 19 13 M S Parker

Registrar

S-Y CO., 16670

Form V.S. No. U-C-120-0-59-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(county of)

BR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

349-214-00-689

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. 2 — File No. 16121

No. St. margrets Hall — Primary Registration District No. 1004 — Registered No. 309

Hospital St Lukes

FULL NAME OF CHILD Florence Dorset Curtis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	9 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richie A. Curtiss	Flora M. Whipple
RESIDENCE	St. margrets School	St. margrets School
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Iowa	Md.
OCCUPATION	Teacher	Teacher

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) Dr. Wm. F. Smith (Physician or Midwife)

Address

....., 19.....

Registrar

Filed 9-17 1913 M. L. Parker

Registrar

S-Y CO., 16666

466-121-001-389

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1818, N 8th St.

Hospital

Registration District No. 2

File No. 16122

Primary Registration District No. 1004

Registered No. 308

FULL NAME OF CHILD EUGENE CALVIN MOORE

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Aug. 21, 1913 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Mythiel Wood	Moore	Christensen, Bertha C.	
RESIDENCE	Boise, Idaho, R.F.D.	RESIDENCE	Boise, Idaho, R.F.D.
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Mt. Pleasant Ut.
OCCUPATION	Electrician	OCCUPATION	H. Wife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.30 am on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Hardy

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address 2013 N 9th

Filed 9-17 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BI[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be [illegible] of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

BIRTH

File No. 152

PLACE OF BIRTH:

ted States (Be sure the information is as of date of birth of THIS child) State File No. 16122
artment of Commerce JAN 21 1942 **CERTIFICATE OF BIRTH** Local Reg. No.
eau of the Census STATE OF IDAHO Reg. Dist. No.

LACE OF BIRTH (All items at time of this birth)
a) County Ada (b) City Boise
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
me of Mrs. Bob Reece (nurse)
e) Mother's stay **BEFORE** delivery:
IN **THIS** county Ida years — months — days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Ada
(c) City Boise — RFD #
(d) Street Address or R.F.D. No. Melba Ida
(e) How long has **MOTHER** lived in Idaho? 34 yr
3. RESIDENCE OF FATHER (city, state) Melba Ida

ULL NAME OF CHILD Eugene Calvin Moore.
5. Date of Birth of Child (Month, day, year) Aug 21st 1913
ex Male
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnacy 9
9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Wythuel Wood Moore.
Color or Race White
12. Age at time of THIS birth ..... yrs.
Birthplace ~~Boise Idaho~~ Kentucky
(City or town) (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bertha Christena Chistens
17. Color or Race White
18. Age at time of THIS birth ..... yr
19. Birthplace Mt Plesant Utah.
(City or town) (State or foreign country)
20. Exact Occupation wife of Farmer
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum ~~AAP~~
Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the dat
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ....., who
related to this child as ..... (First name) (Last name)
(Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

te of Boise Idaho } ss.
nty of Ada }

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appea
(Mother, etc.)
tem 4, above, that I am now 70 years of age, that I have known this person for 8 years, and tha
Geo. Handy, who attended this birth August 21st 1913 I further state tha
(First name) (Last name) (Is now deceased) or (Cannot be located)
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde
pter 139, 1937 Session Laws.

x Bertha Christena Moore Signatu
Melba Idaho P. O. Addre

Subscribed and sworn to before me this 9th day of Jany., 1942
(SEAL) Clay C. Todd Notary Public, residing at Melba Ida
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on JAN 21 1942 by ....., Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau or Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236-113-001-869

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 411 Myrtle St.

Hospital

Registration District No. 2

File No. 16123

Primary Registration District No. 1004

Registered No. 307

FULL NAME OF CHILD Stone, John Keenan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 13 1913

FATHER		MOTHER	
FULL NAME	Frank J. Stone	FULL MAIDEN NAME	Ella Horaeck
RESIDENCE	411 Myrtle	RESIDENCE	411 Myrtle St
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Colo
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Putnight

(Physician or midwife)

Given names added from a supplemental report.

19

Address Bath Bldg

Filed 9-17 1913

Registrar

Registrar

MARGIN RESERVED FOR BINDING
ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

635-206-001-635

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. 1138 RIVER St.

Hospital

Registration District No. 2

File No. 16124

Primary Registration District No. 1004

Registered No. 306

FULL NAME OF CHILD LENA JOHANNA OLESON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE		YES	9 6 1913

FATHER	MOTHER
FULL NAME: LOUIS OLESON	FULL MAIDEN NAME: JOHANNA DOROTHEA OLESON
RESIDENCE: 1138 RIVER STREET-BOISE	RESIDENCE: 1138 RIVER STREET-BOISE
COLOR: WHITE — AGE AT LAST BIRTHDAY 25 (Years)	COLOR: WHITE — AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE: NORWAY	BIRTHPLACE: NORWAY
OCCUPATION: COBBLER	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

PHYSICIAN (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed 1-17 1913 M S Parker Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

ORD

DUP OF 1913-327726

231-209-001-256

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. S. Boise St.

Hospital St. Lukes

Registration District No. 2

File No. 16125

Primary Registration District No. 1004

Registered No. 305

FULL NAME OF CHILD Virginia Marian Stanley

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of birth 9 (Month) 8 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Wm. Henry Stanley	FULL MAIDEN NAME	Dollie E. Snodgrass
RESIDENCE	S. Boise	RESIDENCE	S. Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith (Physician or Midwife)

Given name added from a supplemental report

Address

Filed 9-17 1918 M S Parker Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1976

495-230-231

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—25m-1-1-18

CERTIFICATE OF BIRTH

County of ADA

City of BOISE

No. 308 WALNUT St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 16126

Registered No. 314

FULL NAME OF CHILD MABLE CARY DIVEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			YES	August 30 1913

FATHER	MOTHER
FULL NAME: VERNON LEWIS DIVEN	FULL MAIDEN NAME: JESSIE BLAIR
RESIDENCE: 308 WALNUT--BOISE	RESIDENCE: 308 WALNUT--BOISE
COLOR: WHITE	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: OREGON	COLOR: WHITE
OCCUPATION: SALESMAN	AGE AT LAST BIRTHDAY: 24 (Years)
	BIRTHPLACE: EMMETT, IDAHO
	OCCUPATION: HOUSEWIFE

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

PHYSICIAN
(Physician or midwife)

Address BOISE, IDAHO

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 9-16 1913

[signature]
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

APR 4 1942

APR 11 1942

MAY 22 1969

512-115-00-419

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho Registration District No. 2 File No. 16127

No. St. Primary Registration District No. 1004 Registered No. 303

Hospital St. Lukes

FULL NAME OF CHILD Norman Alexander Esson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	yes	August 15 1913

FATHER		MOTHER	
FULL NAME	Alexander Esson	FULL MAIDEN NAME	Jessie Martin
RESIDENCE	Hailey Idaho	RESIDENCE	Hailey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burk

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-15 19 13 M. S. Parker

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1967

OCT 14 1942

365-201-001-638

Form V. S. No. [illegible] Rev. 2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho

Registration District No. 2

File No. 16128

No. ..... St.

Primary Registration District No. 1004

Registered No. 302

Hospital St Alphonsus

FULL NAME OF CHILD Eileen May Congdon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herbert P. Congdon	FULL MAIDEN NAME	Mary D. Flynn
RESIDENCE	Riverside ~~[illegible]~~ Ida	RESIDENCE	Riverside ~~[illegible]~~ Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-15 1913 M. L. Parker

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of ..... }

Certificate No. 18128

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Eileen May Congdon (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 1, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Affidavit of Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 27, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Eileen May Congdon

Subscribed and sworn to before me this 27th
day of April, 19 42

Edith B. Benjamin
Notary Public, residing at San Diego, Cal.

My commission expires Nov. 23, 1945
(SEAL)

Signed Mrs Mary D. Congdon
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

.....
Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 6 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 7 1942

834-131-00-819

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Boise, Idaho

Registration District No. 2

File No. 16129

No. 1022 N. 13 St.

Primary Registration District No. 1004

Registered No. 301

Hospital

FULL NAME OF CHILD Rodger C. Scudder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Scudder	FULL MAIDEN NAME	Blanche G. Harrel
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Address Boise Idaho

Filed 9-15 1913 M S Parker

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

AUG 24 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75 [redacted]

Form V. S. No. 16-G—20m-2-15-12

County [redacted]

City of Boise, Idaho

No. 608 Fort St.

Registration District No. 2

File No. 16130

Primary Registration District No. 1004

Registered No. 300

Hospital

FULL NAME OF CHILD Chester Leonard Percy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter W. Percy	FULL MAIDEN NAME	Hazel Wilson
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-15 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

STATE OF NEVADA
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a Separate Return must be made for each, and the number of each, in order of birth stated.

236-22-00-795

1. PLACE OF BIRTH
County of Ada
City of Boise
No. ..... St.
(If born in hospital or institution give name.)

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... State File No. 16131
Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Edna Carrie Stoner

3. Sex 7 | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Aug 22, 1913 (Month, Day, Year)

FATHER

9. Full name Ralph D. Stoner
10. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Ida
11. Color or race Wh. | 12. Age at last birthday 35 (years)
13. Birthplace (city or place) Ogle Co (State or Country) Illinois

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19..... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Isabel Greenside
19. Residence (usual place of abode) (If non-resident, give place and State) Twin Falls Idaho
20. Color or race Wh. | 21. Age at last birthday 33 (years)
22. Birthplace (city or place) Webster Co (State or Country) Iowa

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19..... | 26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....
28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living ..... (b) Born alive but now dead ..... (c) Stillborn .....
29. If stillborn, period of gestation ..... months or weeks | 30. Cause of Stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was ..... at ..... m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) John Boeck, M. D.
or ....., Midwife
Address .....

Give name added from a supplemental report .....
(Date of)
..... Registrar.

Filed 9-15-13 M.S. Parker Registrar.

PLACE OF BIRTH

[redacted] 01-814

Form V. S. No. 11—10m-6[redacted]

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1115 - N. 18th St.

Hospital

Registration District No. 2 File No. 16132

Primary Registration District No. 1004 Registered No. 298

FULL NAME OF CHILD Jean Baldwin

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	9 - 9 - 1913

FATHER		MOTHER	
FULL NAME	George C. Baldwin	FULL MAIDEN NAME	Hellen Hadens
RESIDENCE	1115 - N. 18th	RESIDENCE	1115 - N. 18th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 - A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm F. Smith (Physician or Midwife) S.H.

Given name added from a supplemental report

, 19

Registrar

Address 410 Overland Bldg

Filed 9 - 13 - 1913 M S Parker Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

236-106-001-694

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2 File No. 16133

No. ..... St.

Primary Registration District No. 1004 Registered No. 297

Hospital St Alphonsus

FULL NAME OF CHILD Baby Sloan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	9 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. G. Sloan	FULL MAIDEN NAME	Fay Widener
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Drainage Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30 a. M. on the date above stated.

died in 2 hours

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 9-11 1913 M S Parker
Registrar

Registrar

8-Y CO/20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

437-220-00-437

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1420 Jefferson

Registration District No. 2

File No. 16134

Primary Registration District No. 1004

Registered No. 296

Hospital

FULL NAME OF CHILD Lois Alan McGuier

Sex of Child F | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 8-20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Allen McGuier	FULL MAIDEN NAME	Ada McGrew
RESIDENCE	1420 Jefferson	RESIDENCE	1420 Jefferson
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	27
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	P.O. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ted A Ellington

(Physician or midwife)

Address Talk Bldg

Filed 9-10 1913

M S Parker
Registrar

Given names added from a supplemental report.

.....19....

.....
Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 16186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lois Alan McGuire (Name on Original Certificate) who born (Was Born or Died) on Aug. 23, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Aug. 23, 1913	Aug. 20, 1913
Name	McGuire	McGuier

Subscribed and sworn to before me this 12th
day of June, 1942.

Notary Public, residing at Boise, Idaho
My commission expires
(Seal)

(JAMES W. DERRY)
Notary Public, Ada County, Idaho
My Commission Expires November 12, 1944

Signed Fred A. Tillman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

500 Eastman Bldg. — Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 1942

DEC 6 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-9-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1010, Res, St.

Registration District No 2

File No 16135

Hospital St Alphonsus

Primary Registration District No 1004

Registered No 295

FULL NAME OF CHILD James Wendell Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Aug 25 1913

FATHER		MOTHER	
FULL NAME	Jas. Robt Harris	FULL MAIDEN NAME	Beulah M. Wright
RESIDENCE	1010 Res.	RESIDENCE	1010 Res.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Table Grove Ill.	BIRTHPLACE	Table Grove Ill
OCCUPATION	Moving Pictures	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St

Filed 9-10 1913 M. S. Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653128104455

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... *St.*

Hospital St. Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 16136

Registered No. 294

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	8 (Month) 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Welch	FULL MAIDEN NAME	Mary Meek
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Tallman

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Boise, Idaho

Filed 9-10 1913 M S Parker Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FULL NAME C

Sex of

Child

DUP OF 1913 - 42967

653.128-00-455

PLACE OF BIRTH

County of Ada

City of Boise

No. _____ St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-15

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 16137

Primary Registration District No. 1004

Registered No. 273

FULL NAME OF CHILD _____

Sex of Child Female | Twin Triplet or other? Twin | and Number in order of birth 1st | Legitimate? Yes | Date of Birth 8-28- (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Edward Welch	FULL MAIDEN NAME Mary Meek
RESIDENCE Middleton	RESIDENCE Middleton
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Wyoming
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Tallman

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 9-10 1913 M S Parker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-13-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Ada

D

COLOR

DUP OF 1913-42966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

218-125 ~~607~~ 693

PLACE OF BIRTH

Form-V. S. No. 11-C—25m-1-1-18

[redacted]HO
[redacted]TATISTICS
[redacted]IRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

Primary Registration District No. 1004

File No. 16138

Registered No. 292

FULL NAME OF CHILD George Herman Bahler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Bahler	FULL MAIDEN NAME	Hannah Wilkerson
RESIDENCE	Ada Co	RESIDENCE	Ada Co
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	England
OCCUPATION	~~Houses~~ Dairy.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pillinger

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Falls Bldg

Filed 9-10 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 24658

. SHAW, M .D.
RTHOPEDIC
SURGERY

Q. W. MACK, M. D
UROLOGY

FRED A. PITTENGER, M. D., F.A.C.S.
GENERAL SURGERY
SUITE 500 EASTMAN BUILDING
BOISE, IDAHO

April 14, 1939

Bureau of Vital Statistics
Capital Building
Boise, Idaho

Dear Sir:

It has come to my knowledge recently that the date of Mr. George Herman's birth is given as August 31, 1913 on his birth certificate. I wish to certify that this date is incorrect and that this certificate should read August 25, 1913.

Signed:

Fred A. Pittenger, M. D.

FAP:AR

JUL 31 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

212-229-001-212

County of Ada

City of Boise

No. 219 N. S. Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16139

Primary Registration District No. 1004 Registered No. 291

FULL NAME OF CHILD —

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe.		no	8 29 1913

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Wonnie Bashlor
RESIDENCE	—	RESIDENCE	219 N. S. Ave
COLOR	— AGE AT LAST BIRTHDAY — (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	—	BIRTHPLACE	Ave
OCCUPATION	—	OCCUPATION	No

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pilling Ed

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Falk Bldg

Filed 9-10 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1439

PLACE OF BIRTH

ORIG

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

266-131-001-449

PLACE OF BIRTH

County of Ada

City of Boise

No. 617 N 13th St.

Hospital

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16140

Primary Registration District No. 1004 Registered No. 290

FULL NAME OF CHILD George Frederick Boot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 31 1913

FATHER		MOTHER	
FULL NAME	Arthur F. Boot	FULL MAIDEN NAME	Ellen Murry
RESIDENCE	~~2F~~ 617 N 13th	RESIDENCE	617 N 13th
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Illinois	BIRTHPLACE	England
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pillington

(Physician or midwife)

Given names added from a supplemental report

19

Address Talk Bldg

Filed 9-10 1913 M S Parker

Registrar Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

ORC

243-101-aa-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2010 N. 14 St.

Registration District No. 2

File No. 16141

Primary Registration District No. 1004

Registered No. 281

Hospital

FULL NAME OF CHILD William Alfred Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	9 – 1 ,1913

	FATHER	MOTHER
FULL NAME	James Alfred Buchanan	FULL MAIDEN NAME Lucy Maude Bruns
RESIDENCE	Boise	RESIDENCE Boise
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kans.	BIRTHPLACE Utah
OCCUPATION	Warehouse labor	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mangles M. D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 9–10 1913 M S Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JAN 23 1942

Form V. S. No. 11-

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Boise — Registration District No. 2 — File No. 16142

No. ____, ____ St. — Primary Registration District No. 1004 — Registered No. 288

Hospital St. Lukes

FULL NAME OF CHILD John ~~Arthur~~ Chaney Ireton Jr

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Sept. (Month) 1st (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	John Arthur Ireton	Aurilla J. Chaney
RESIDENCE	1323 State St.	1323 State St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	32
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Stock buyer	Housewife

Number of child of this mother, including present birth 1st — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D. (Physician or Midwife)

Given names added from a supplemental report

____, 19__

Address Boise Idaho

Filed 9-10 1913 M. S. Parker

Registrar — Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 2

845-201-001-141

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Idaho Sanitarium St.

~~Hospital~~ No East End of Pueblo St.

Registration District No. 2 File No. **16143**

Primary Registration District No. 1004 Registered No. 287

FULL NAME OF CHILD Child not named

Sex of Child	Twin-Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		No	Sept 1st 1913

FATHER		MOTHER	
FULL NAME	Cecil Huett	FULL MAIDEN NAME	Esther Adams
RESIDENCE	Bruneau Idaho.	RESIDENCE	Bruneau Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE		BIRTHPLACE	Bruneau
OCCUPATION	Teamster & farmer	OCCUPATION	Student

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born on Sept. 1st at 1 P M. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mary E. Donaldson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Sanitarium Boise - Ida.

Filed 9-10 1913 M. S. Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP OF 1913- 391703

79/126.00-635

PLACE OF BIRTH

County of Ada

City of Boise

No. 703 Thatcher St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 2 File No. 16144

Primary Registration District No. 1004 Registered No. 286

FULL NAME OF CHILD George Flenner Graff

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		✓	Yes	Aug. 26, 1913

FATHER		MOTHER	
FULL NAME	Geo Blackham Graff	FULL MAIDEN NAME	Nila Belle Flenner
RESIDENCE	703 Thatcher	RESIDENCE	703
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Evanston, Wyoming	BIRTHPLACE	Boise, Idaho
OCCUPATION	Accountant	OCCUPATION	House wife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) W. F. Smith

(Physician or Midwife)

Address Boise, Ida.

Filed 9—10 1913 M. S. Parker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF DEATH

PLACE OF BIRTH

666-205-001-454

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16145

No. ..... St.

Primary Registration District No. 1004

Registered No. 285

Hospital St Alphonsus

FULL NAME OF CHILD Dorothy Belle Wood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Sept 5, 1913

	FATHER	MOTHER
FULL NAME	George B. Wood	FULL MAIDEN NAME Blanche Underwood
RESIDENCE	912 North 12th.	RESIDENCE 912 North 12th.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Coudelaine, Idaho	BIRTHPLACE Racine, Wisconsin
OCCUPATION	Life Ins agent.	OCCUPATION House wife.

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

(Signature) R B Smith

(Physician or Midwife)

Address .....

Filed 9-10 1913 M. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

F

415-208-004-2 35

PLACE OF BIRTH

County of Ada

City of Boise

No. 2026 Harrison St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16146

Primary Registration District No. 1004 Registered No. 284

FULL NAME OF CHILD

Sex of Child: Fem.

Twin, triplet, or other? and Number in order of birth: 1st

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth: 9 (Month) 8 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: W. O. Mangon	FULL MAIDEN NAME: Pauline Steiner
RESIDENCE: 510 N. 17th St. Boise Ida	RESIDENCE: Boise Ida.
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Ills	BIRTHPLACE: Switzerland
OCCUPATION: Salesman	OCCUPATION: Housekpr

Number of child of this mother, including present birth: .....

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed 9-10 1913 M. S. Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 -350720

295·226·001-997

PLACE OF BIRTH

Form V. S. rev. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 815 Resigue St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 16147

Registered No. 283

FULL NAME OF CHILD VERA ELAINE BREIDENSTEIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 26 1913

FATHER		MOTHER	
FULL NAME	Alfred L. Breidenstein	FULL MAIDEN NAME	Jessie Rigby
RESIDENCE	815 Resigue St.	RESIDENCE	815 Resigue St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2- P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Turkey, M.D.

(Physician or midwife)

Address Boise

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 9-9 1913 M. S. Parker
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 16147
Date Filed June 17, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Vera Elaine Breidenstein (Name on Original Certificate) who Born (Was Born or Died) on Aug. 26, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Vera Elaine Breidenstein

The above name was given after birth of girl.

Subscribed and sworn to before me this 17th day of June, 1942

H R Audley
Notary Public, residing at Seattle
My commission expires Nov-5-1944
(Seal)

Signed Mrs. Jane F. Breidenstein
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUN 29 1942

JUN 30

AUG 11 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

*N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Vanwyck

No ....., ... St.

Hospital .....

Registration District No ..... File No. 16148

Primary Registration District No ..... Registered No. .....

FULL NAME OF CHILD Mary Vicars

Sex of Child	Twin, Triplet or other? and Number in order of birth	Legitimate?	Date of birth
F. M	2 (To be answered only in event of plural births)	yes	10 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Don Vicars	FULL MAIDEN NAME	Mildred Roffins
RESIDENCE	Vanwyck	RESIDENCE	Vanwyck
COLOR	Light	COLOR	Light
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. E. Stoggle

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[redacted]

DUP OF 1913 D 69-229

864-127-008-951

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Boise

City of Vanwyck

No. ....., ... St.

Registration District No. .....

File No. 16149

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD ~~Wt~~ Glen Houts

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	yes	~~M~~ 9 27 1913

FATHER		MOTHER	
FULL NAME	Geo Houts	FULL MAIDEN NAME	Minnie Readhead
RESIDENCE	Vanwyck	RESIDENCE	Vanwyck
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mich	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Housekeeping

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Noggle

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept. 10 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 21 1942

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

RESERVED FOR R

TRADING

149

466- [redacted] 24-669

PLA[redacted]H

STATE OF IDAHO — Public V. S. No. 11-C
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lincoln

City of Hunsell — Registration District No. 2216 — File No. 1615

No. ——— St. — Primary Registration District No. 2016 — Registered No. ———

Hospital ———

FULL NAME OF CHILD. Ada Moyes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	8 13 1913

FATHER	MOTHER
FULL NAME Robert	FULL MAIDEN NAME Lettie Ford
RESIDENCE Hunsell	RESIDENCE Hunsell
COLOR White — AGE AT LAST BIRTHDAY 46 (Years)	COLOR White — AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE N Dak	BIRTHPLACE Ill
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Address Hunsell Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 12 1913 H E Lamb Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted] JR

DEC 1 1947

SEP 1 4 1965

275·230·024396

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

No. ..... *St.*

Hospital .....

Registration District No. 22th

Primary Registration District No. 2018

File No. 16151

Registered No. .....

FULL NAME OF CHILD HELEN LOUISE Spencer

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	One (To be answered only in event of plural births)	yes	8 (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Spencer	FULL MAIDEN NAME	Georgia Crocker
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell Idaho

Filed Sept 12 1913 H E Lamb

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 15 1954

DEC 5

259-109-024893

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 2

File No. 16152

No. ____ St.

Primary Registration District No. 2018

Registered No. ____

Hospital ____

FULL NAME OF CHILD Paul Knitter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	9 9 1913

FATHER

FULL NAME Hermond W Knitter

RESIDENCE Wendell

COLOR White

AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Germany

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mabel M Hilsau

RESIDENCE

COLOR White

AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Kansas

OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician

(Physician or midwife)

Address Wendell

Filed Sept 10 1913 H E Lamb

Registrar

Given names added from a supplemental report

....19....

....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

9

MAY 3 1972

293-111-024-858

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 16153

No. ..... St.

Primary Registration District No. 2011 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harold Lowell Silbaugh

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	4 (To be answered only in event of plural births)	yes	9 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Silbaugh	FULL MAIDEN NAME	Suzanne Heyart
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Gr W va	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5-43 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell Idaho

Filed Sept 12 1913 H E Lamb Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 3 1969

County of

343-112-024-741

PLACE OF BIRTH

County of Gooding

City of Wendell

No. ____ St.

Hospital —

STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 22th

File No. 16154

Primary Registration District No. 20 18

Registered No. ____

FULL NAME OF CHILD WAYNE HAROLD Cusp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	9 17 1913

FATHER		MOTHER	
FULL NAME	Walter Cusp	FULL MAIDEN NAME	Nora Grund
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7-45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Eklund

Physician

(Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 12 1913 H Eklund

.....
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Gooding } ss.

Certificate No. 16154

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Culp	Wayne Harold Culp

Subscribed and sworn to before me this 10th
day of February, 1942

G. D. McQueen
Notary Public, residing at Wendell, Ida.

My commission expires Jan. 2-1944
(Seal)

Signed Walter Ernest Culp
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

FEB 20 1942

268-120-024-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16155

County of Gooding

City of Wendell Registration District No. 224 File No.

No. St.

Primary Registration District No. 2018 Registered No.

Hospital

FULL NAME OF CHILD Francis Boyd

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	9 20 1913

FATHER		MOTHER	
FULL NAME	Clarence Boyd	FULL MAIDEN NAME	Clara Marrow
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Sands

Physician (Physician or midwife)

Address Wendell Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 24 1913 H. E. Sands Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

645-115-024-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goodhing

City of Wendell

Registration District No. 22th

File No. 16156

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Chalion monroe Wunburg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	One	yes	9 (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Glen Wunburg	FULL MAIDEN NAME	Marie Purnis
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell Idaho

Filed Sept 24 1913 H E Lamb Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

493-22 [redacted] 218

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of Buhl

No. ..... St.

Hospital .....

Amended 7/14/75

Registration District No. 39 File No. 16157

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD OPAL LEE MITCHELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 – 24 1913

FATHER		MOTHER	
FULL NAME	Ela Mitchell	FULL MAIDEN NAME	Anna Haynes
RESIDENCE	4-M-W-1½-S. Buhl	RESIDENCE	4-M-W-1½ S. Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8-15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy
M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida.

Filed 9-26 1913 J. H. Murphy
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

OCT 17 1956

JUL 11 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 11 75

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 14 4 16 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 16157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mitchell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 25, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Opal Lee Mitchell
Date of birth	Sept. 25, 1913	Sept. 24, 1913

Subscribed and sworn to before me this 14 day of
July, 19 75

Bradley J. Elliot
Notary Public, residing at 1316 N. Liberty Apt 5-4
My commission expires Nov 28, 78
(Seal)

Signed David W. Light
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
10920 Shittland Dr. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Family Bible , Obviously Old , by the family gives name as Opal Mitchell born Sept. 24, 1913 . Parents Ela M. Mitchell and Anna M. Mitchell.
Viewed by VS

JUL 14 1975

Northern Life Insurance Company, Seattle, Washington , Policy # 142-460 issued Nov.9, 1956 gives name as Opal L. Light born Sept. 24, 1913 .
Viewed by VS

Marriage License & Certificate , State of Idaho County of Twin Falls, Idaho Elmer R. Lyon & Opal Lee Mitchell married Twin Falls, Idaho on Oct. 24, 1929.
Viewed by VS

Amended 6-8-61

PLACE OF BIRTH

213-22Y1042-619

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 16158

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Peggy Beatrice Kalina

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Sept. 24, [illegible] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Charles Joseph Kalina	FULL MAIDEN NAME	Maud Warneke
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	N. D.
OCCUPATION	Clerk	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy

M.D. (Physician or midwife)

Address Buhl, Ida.

Filed 9-26-1913 [illegible] J.H. Murphy

Registrar.

Give names added from a supplemental report.

....., 192....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Riverside } ss.

Certificate No. 16158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Beatrice Kilina (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Beatrice Kilina	Peggy Beatrice Kalina
Full Name of Father	Chas. Kilina	Charles Joseph Kalina
Full Maiden Name of Mother	Maud Wornika	Maud Warneke

Subscribed and sworn to before me this 10th day of April, 1961

Thomas K. Morrow

Notary Public, residing at Elsinore Calif.

My commission expires 10/13/62

(Seal)

Signed Mrs. Maud L. Kalina (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (mother)

901 Lakeshore Dr. Elsinore, Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1961

Thomas K. Morrow

Notary Public, residing at Elsinore Calif.

My commission expires 10/13/62

(Seal)

Signed G. G. Maud L. Cogan (Dee Warneke) (Signature of Any Credible Person) (Aunt)

R#2, Box 189, Elsinore Calif.
(Street Address, City, State)

FORM DH 60-155

CL 3-28-61. one copy pd. receipt #13994.

Elsinore, California-Elsinore Unior High School Diploma, June 11, 1931 gives full name of student as Peggy Beatrice Kalina - viewed by V.S.

Certificate of Marriage, June 4, 1911 at Twin Falls, Idaho gives full name of groom as Charles J. Kalina and full maiden name of bride as Maud F. Warneke - viewed by V.S.

Another child's birth certificate on file: Idaho Birth, #5461 gives full name of parents as C.J. Kalina and Maude Warneke - viewed by V.S.

Photo copy of Own Child's Birth Cert., State of California, #138, Jan. 5, 1945 gives full name of parents as Thomas Rowan Morrow and Peggy Beatrice Kalina - Riverside, California - viewed by V.S.

Father's Death Certificate, State of California, died May 9, 1953 at Hemet Community Hospital, Hemet, California, gives full name as Charles Joseph Kalina, born Oct. 27, 1879 at Muscoda, Wisconsin - viewed by V.S.

Selective Service Registration Certificate, April 25, 1942 gives full name as Charles Joseph Kalina - viewed by V.S.

3[illegible]42295

[illegible]F BIRTH

[illegible]wn Falls

[illegible] Buhl

[illegible] St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

*Registration District No. 39 File No. 16159

Primary Registration District No. 2087 Registered No.

FULL NAME OF CHILD Ethel Pauline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	9 19 1913

FATHER		MOTHER	
FULL NAME	Ino R Long	FULL MAIDEN NAME	Mary King
RESIDENCE	4 E 1/2 N. Buhl Ida	RESIDENCE	4 E 1/2 N. Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Howard Kan	BIRTHPLACE	Burkes Garden Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed 9-26 1913 J. T. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR [illegible]RD

WRITE PLAINLY WITH UNFADING INK—THIS IS A [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be [illegible] of each, in order of birth stated.

819-113-042-815

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted] Falls

City of Buhl

Registration District No. 39

File No. 16160

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	9 13 1913

FATHER		MOTHER	
FULL NAME	R T Harrington	FULL MAIDEN NAME	Leta W C Hanson
RESIDENCE	Blackfoot Ida	RESIDENCE	Blackfoot Ida
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Virginia City Mont
OCCUPATION	Farmer	OCCUPATION	Housewife

*Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:20 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-15 1913 J T Humphrey Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

286408 242-255

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 16161

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD JACOB Oral SHOBE

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	twin	2nd	yes	9 (Month) — 8 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Shobe	FULL MAIDEN NAME	Nora Bennet
RESIDENCE	2-M-S-Filer	RESIDENCE	2-M-S-Filer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2050 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 9-10 1913 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 16161

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Jacob Oral Shobe (Name on Original Certificate) who was born (Was Born or Died) on Sept 8th 1913 (Date of Event) in Filer Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about Sept 20th 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Oral	Jacob Oral Shobe
Which twin is Jacob Oral Shobe? Jacob Oral Shobe is 2nd twin.		

Subscribed and sworn to before me this 11th day of September 1942

C. A. Barney Probate Judge

~~Notary Public~~, residing at Twin Falls Idaho

My commission expires

(Seal)

Signed x Lenora F. Shobe

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Homer Idaho R.F.D. 4-2

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of September 1942

C. A. Barney Probate Judge

Notary Public, residing at Twin Falls Idaho

commission expires

(Seal)

Signed Goldie Chapman

(Signature of Any Credible Person Other Than Previous Year)

511-5th Ave West Twin Falls Idaho

(Street Address, City, State)

SEP 15

286-108-042-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 39 File No. 16162

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD JOSEPH Earl SHOBE

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twins	1	Yes	9 (Month) 8 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. E. Shobe	FULL MAIDEN NAME	Nora Bennet
RESIDENCE	Filer 2 M. S. F	RESIDENCE	Filer 2-M-S-
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murphy M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 9-10 1913 J. H. Murphy
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL ~~STATISTICS~~

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 16162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Earl Shobe (Name on Original Certificate) who was born (Was Born or Died) on Sept 8 - 1913 (Date of Event)
in Buhler, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on or about Sept 20 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Earl	Joseph Earl Shobe

Which twin is this - 1st or 2nd?
Joseph Earl Shobe is 1st. twin.

Subscribed and sworn to before me this 11th day of September 1942

C. E. Barry Probate Judge

~~Notary Public~~, residing at Twin Falls Idaho

My commission expires
(Seal)

Signed Lenora F. Shobe.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hansen, Idaho R. F. D. #2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of September 1942

C. E. Barry Probate Judge

Notary Public, residing at

My commission expires
(Seal)

Signed Goldie Chapman
(Signature of Any Credible Person Other Than Previous Year)

511-5th West, Twin Falls, Idaho
(Street Address, City, State)

SEP 15 1942

284-204-042-693

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 39

File No. 16163

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Edna Irene Shurrum

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	9 4 1913

FATHER		MOTHER	
FULL NAME	J W Shurrum	FULL MAIDEN NAME	Hannah Wilson
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Stella, Neb	BIRTHPLACE	Sprague Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McCluskey M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 9-4 1913 J. T. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 8

AUG 1 6 1973

314-202-042-412

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-1

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 16164

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Evaline E. Lane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	9 2 1913

FATHER		MOTHER	
FULL NAME	Van Tony T. Lane	FULL MAIDEN NAME	Nellie Massey
RESIDENCE	6 Miles S. 1½ W. Buhl	RESIDENCE	6 Miles S 1½ W. Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 P. M. on the date above stated.

(Born alive or stillborn)

(Signature) J. T. Murphy

M. D.

(Physician or midwife)

Address Buhl Ida.

Filed 9-10 1913 J. T. Murphy

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report. ..... 19.....

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

AUG 7 1975

792-231-042-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 16165

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Opal Gladys Gish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	8 31 1913

FATHER		MOTHER	
FULL NAME	Chas M Gish	FULL MAIDEN NAME	Dorothy Hartwell
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Allerton Iowa	BIRTHPLACE	Pendleton Ore.
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-4 1913 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Solano } ss.

Certificate No. 16165

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 8-31-13 (Date of Event)
in Buhl (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's Birth Cert. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 27, 1946 (Give Date), are:
Employment Record 1943 - 1949 Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Opal Gladys Gish

Subscribed and sworn to before me this 24th day of November, 19 56

Notary Public, residing at Benicia, Calif.
My commission expires May 17, 1959
(Seal)

Signed Dorothy B Gish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#1, Box 10 ff Pleasants Valley
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Solano } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of November, 1956

Notary Public, residing at Benicia, California
My commission expires May 17, 1959
(Seal)

Signed John B Holland
Dorothy B Gish
(Signature of Any Credible Person)

118 Hillcrest Ave, Benicia, Cal.
(Street Address, City, State)

FORM DPH 55. 155

Certified Copy

APR 5 1954

212-227-042-431

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 16166

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	8 27 1913

FATHER		MOTHER	
FULL NAME	Oscar Baker	FULL MAIDEN NAME	Cora McAnally
RESIDENCE	3 Miles E Buhl	RESIDENCE	3 mi E Buhl
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Sergle Ill	BIRTHPLACE	Sergle Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-4 1913 J. F. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-12 6:042-315

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

File No. 16167

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 26 (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	M C Carter	FULL MAIDEN NAME	Bessie Cannon
RESIDENCE	5 mi W & 5 mi S Buhl	RESIDENCE	5 mi W & 5 S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Floyd Co Iowa	BIRTHPLACE	Chicago Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-4 1913 J. T. Humphrey Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 1 6 1976

264222-04[illegible]92

PLACE OF B[illegible]

STATE OF ID[illegible]
BUREAU OF VITAL ST[illegible]STICS

Form V. S. No. 11-C—20m-2-35-12

CERTIFICATE OF BIRTH

County of Twin Falls,

City of Buhl

Registration District No. 39

File No. 16168

No. ..... St.

Primary Registration District No. 2087

Registered No. .....

Hospital .....

FULL NAME OF CHILD LYDIA SOUKAL

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 8 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas Soukal	FULL MAIDEN NAME	Annie Piskalk
RESIDENCE	3 3/4 S Buhl	RESIDENCE	3 3/4 S Buhl
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Wash. Co. Tex
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 9-4 1913

J. T. Murphy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-38-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

060

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Texas } ss.
County of Hale }

Certificate No. 16168

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Lydia Soukal (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Aug.22Nd.1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Buhl,Idaho (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan.2/1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Lydia Saukel	Soukal
Name	Unnamed	Lydia Soukal

Subscribed and sworn to before me this 2nd.
day of Jan., 19 42.
W.J. Lewis J.P. & Ex-Officio
Notary Public, residing at Plainview,Texas
My commission expires Dec. 31st/1942
(SEAL)

Signed Charles Cook Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Texas } ss.
County of Hale }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd.
day of Jan., 19 42.
W.J. Lewis J.P. & Ex-Officio
Notary Public, residing at Plainview,Texas
My commission expires Dec.31 St.1942
(SEAL)

Signed Clyde McClain
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

313 West 5St Plainview Texas
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 1 0

366-22010

PLACE OF BIRT[redacted]

STAT[redacted]
BUREAU OF [redacted]

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Registration District No. 93

File No. 16169

Primary Registration District No. 2171

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Mildred Coon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	Yes	Aug 20 1913

FATHER		MOTHER	
FULL NAME	Chas B. Coon	FULL MAIDEN NAME	Dola R. McGee
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ly C

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed Aug 19 13

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [redacted] of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. I. 16169

State of Idaho } ss.
County of Nez Perce

MAY 20 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for blank (Name on Original Certificate) who was born (Was Born or Died) on August 30, 1913 (Date of Event) in Mohler Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on August 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Ethel Mildred Coon
Date	Aug. 28th	Aug. 20, 1913

Subscribed and sworn to before me this 16- day of April, 1943.

Signed Mrs C E Hewett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lewiston Idaho

My commission expires June 1947
(Seal)

740-9th St. Clarkston Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed Frances M. McGee
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

MAY 2 6 1943

396-123-031-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 16170

Primary Registration District No. 271

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	4	Yes	8-23-1913

FATHER		MOTHER	
FULL NAME	B. F. Crowther	FULL MAIDEN NAME	Lottie Sutton
RESIDENCE		RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wis	BIRTHPLACE	Kans
OCCUPATION	Day Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Lyle

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Peck

Filed Aug 1913

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

049-129-042-21

PLACE OF BIRTH [redacted] STATE OF IDAHO
[redacted] OF VITAL STATISTICS

Form V. S. No. 11-C—[illegible]-8-15-12

County of Twin [redacted] CERTIFICATE OF BIRTH

City of Filer

Registration District No. 28

File No. 16171

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	9 29 1913

FATHER		MOTHER	
FULL NAME	Ralph B. Munger	FULL MAIDEN NAME	Violet Sorden
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 12 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 19 13

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP001913-206753

235 225 082-442

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer.

No. ..... St.

Registration District No. 28

File No. 16172

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD (Not Named) Stevens

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes.	9-25-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Stevens	Miriam Musser
RESIDENCE	Filer Ida	Filer Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Kas	Kas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct. 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 2 1974

763-116-042-713

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Filer

Registration District No. 38 File No. 16173

No. St.

Primary Registration District No. 2086 Registered No.

Hospital Wm Potter

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	9-16-13

FATHER		MOTHER	
FULL NAME	Geo Potter	FULL MAIDEN NAME	Florence Palmateer
RESIDENCE	Filer, Ida	RESIDENCE	Filer, Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sheldon Ia	BIRTHPLACE	Sheldon Ia
OCCUPATION	Elect.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry MD

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

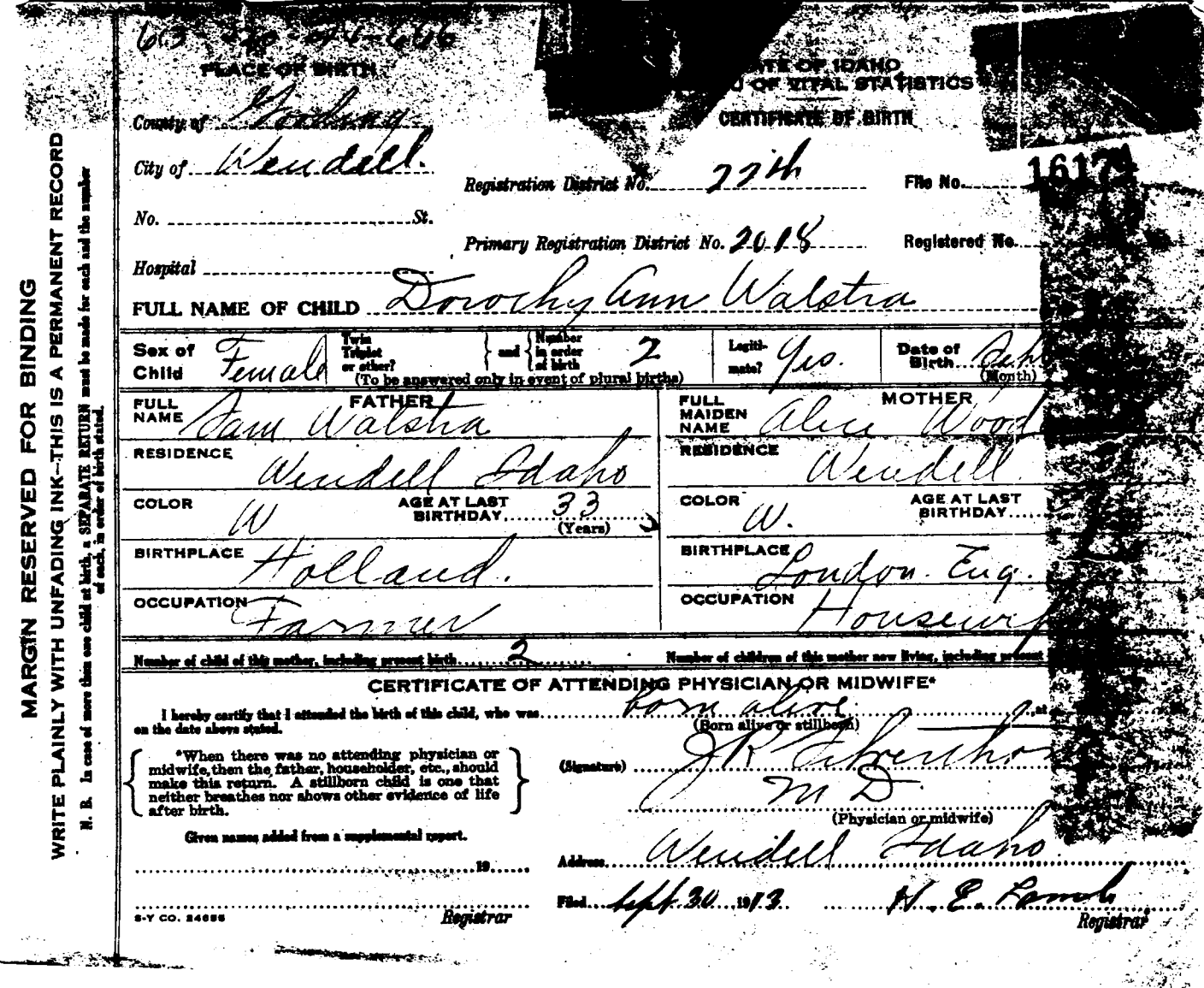
Form V. S. No. 1-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Surety of _____



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-[illegible]-666

PLACE OF BIRTH

[redacted]ATE OF IDAHO
[redacted]U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22th

File No. 16174

No. ..... St.

Primary Registration District No. 2018

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Ann Walstra

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			2	Yes.	Sept (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sam Walstra	FULL MAIDEN NAME	Alice Wood
RESIDENCE	Wendell Idaho	RESIDENCE	Wendell
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Holland.	BIRTHPLACE	London. Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Fahrenhorst M D (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Wendell Idaho

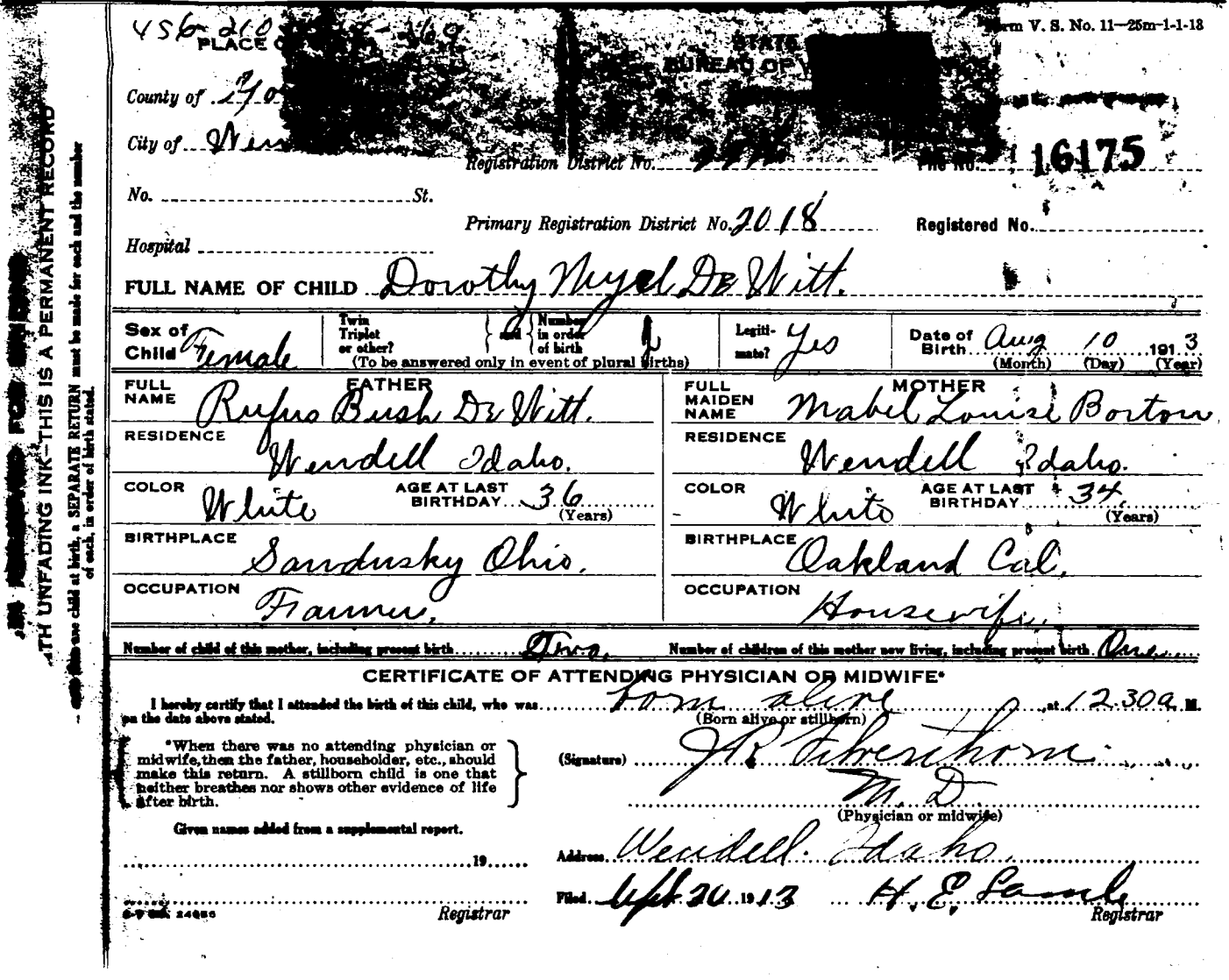
Filed Sept 30 1913 H. E. Lamb Registrar

..... Registrar

S-Y CO. 24655

[redacted]

[redacted]



456-210 [illegible] 269

PLACE [illegible]

STATE [illegible]
BUREAU OF [illegible]

Form V. S. No. 11—25m-1-1-13

County of Yo[illegible]

City of Wen[illegible]

Registration District No. [illegible] File No. 16175

No. _____ St.

Primary Registration District No. 2018 Registered No. _____

Hospital _____

FULL NAME OF CHILD Dorothy Myrl De Witt.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Aug (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rufus Bush De Witt.	FULL MAIDEN NAME	Mabel Louise Borton
RESIDENCE	Wendell Idaho.	RESIDENCE	Wendell Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sandusky Ohio.	BIRTHPLACE	Oakland Cal.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12.30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Fibrenhorn M. D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Wendell Idaho.

Filed Sept 20 1913 H. E. Lamb

Registrar

Registrar

6-7 [illegible] 24656

[illegible] FOR [illegible]

[illegible]TH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP08 1913-49374

435.225 [illegible] 165

PLACE OF [illegible]

Form [illegible] 11-C—15m-6-20-11

STATE OF IDAHO

[illegible] of Vital Statistics

[illegible]RTIFICATE OF BIRTH

[illegible]176

County of Bonner

City of Priest River

[illegible]ct No. [illegible]

File No. 34

No. ____, ____

[illegible]on Dis[illegible]

Registered No. 34

Hospital ____

FULL NAME OF [illegible] McEwan

Sex of Child	[illegible]	[illegible]	Legitimate?	Date of birth
F	[illegible]	[illegible]	Yes	Sept 25, 1913 (Month) (Day) (Year)

*(To be answered only in event [illegible]ral births)

FATHER		MOTHER	
FULL NAME	Sherwood S McEwan	FULL MAIDEN NAME	Elsie May Jones
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Penn
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Denton McCarty MSC

Physician (Physician or Midwife)

Address Priest River Ida

Filed Sept 29 1913 E Denton McCarty Registrar

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-225.009-291

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16177

County of Bonner

City of Priest River

Registration District No. 8

File No.

No. ——, St.

Primary Registration District No. 2185

Registered No. 2

Hospital —

FULL NAME OF CHILD Zella May Stewart

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F.	—	—	yes	Sept. 25, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Glen Dayton Stewart	FULL MAIDEN NAME Stella May Kramer
RESIDENCE Priest River Idaho	RESIDENCE Priest River Idaho
COLOR White	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Minn.
OCCUPATION Hotel Clerk	OCCUPATION Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) E. Denton McCarty MD
Physician
(Physician or Midwife)

Address Priest River

Filed Sept 29 19 13 E. Denton McCarty
Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-110-009-269

PLACE OF BIRTH

County of Bonner

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form [redacted] 11-C—15m-6-20-11

City of _____ Registration District No. 81 File No. 16178

No. _____, _____ St.

Primary Registration District No. 2158 Registered No. 1

Hospital _____

FULL NAME OF CHILD Francis Carl Brown

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	—		—	yes	Sept. 10, 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Brown	FULL MAIDEN NAME	Ada Sorensen
RESIDENCE	Priest River, Idaho	RESIDENCE	Priest River Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spencer, Wisconsin	BIRTHPLACE	Neeley, Idaho
OCCUPATION	Farmer	OCCUPATION	~~Cook~~, Housewife

Number of child of this mother, including present birth Five Number of children, of this mother, now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Brown, Fa

Father (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Priest River Idaho

Filed Sept 20 1918 C Denton McCarty

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 14 1942

753-127-044-815

Form V. S. No. 11-C—20m-6-15-12

[redacted] OF IDAHO
BUR[redacted]AL STATISTICS
[redacted]E OF BIRTH

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. 16179

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Clifford Eugene Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 27 1913

	FATHER	MOTHER
FULL NAME	Lorn Peterson	Margaret Hannan
RESIDENCE	Cambridge Idaho	Cambridge Idaho
COLOR	Caucasian	Caucasian
AGE AT LAST BIRTHDAY (Years)	29	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Ranching	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmuck M.D.
(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 30 1913 C. E. Schmuck
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

445-226-002-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

ST[illegible]
BUREAU [illegible]TISTICS
CER[illegible]TH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 88 File No. 16180

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Dunham	FULL MAIDEN NAME	Minnie Anderson
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Washington
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmeltz
M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Ida

Filed Sept 30 1913 C E Schmeltz
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

445126.002-154

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-29

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 88 File No. 16181

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert Dunham	FULL MAIDEN NAME	Minnie Anderson
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmutz

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Ida.

Filed Sept 30 1913 C. E. Schmutz Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-20m-3

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

238-105-044-343

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDA[redacted] V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted]

Registration District No. 88 File No. 16182

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD John W Schwenkfelder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Schwenkfelder	FULL MAIDEN NAME	Anna Lutchi
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Ranchery	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schwentz

MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Oct 7 1913 C E Schwentz

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

533-222-044-458

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Salubria Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 16183

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Doris Zella Elliot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 22 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E W Elliott	FULL MAIDEN NAME	Emma Meyers
RESIDENCE	Salubria Ida	RESIDENCE	Salubria Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	California
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz
MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Ida

Filed Sep 30 1913 C E Schmutz Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1951

255-187-044-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 88 File No. 16184

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Rowlin Ray Keenan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	~~Male~~ Wm T. Keenan	FULL MAIDEN NAME	Mary A Hall
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Or
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Sept 30 1913 C E Schuerutz

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

cc 2/28/41 rmf

455-107-034-845

PLACE OF BIRTH

County of Minidoka

City of Acequia

No. ____, ____ St.

[redacted] 1-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 16185

Hospital ____ Primary Registration District No. ____ Registered No. 27

FULL NAME OF CHILD William Harold Dema

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Dema	Edith Hunter
RESIDENCE	Acequia	Acequia
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	40
BIRTHPLACE	Ill.	Kans
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kynaston

Physician

(Physician or Midwife)

Address Rupert Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 18, 1913 C H Scott

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

STATE OF IDAHO

PLACE OF BIRTH

993-117-034-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with unfading ink—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 16186

No. ....., ... St.

Primary Registration District No. .....

Registered No. 26

Hospital .....

FULL NAME OF CHILD JOHN JULIAN Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and [redacted] order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 17th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus N Rice	Ada Ellis
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	38 (Years)
BIRTHPLACE	Kans	Mo
OCCUPATION	Farmer	Housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennaugh M.D.
Physician
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert Idaho

Filed Sept 18 1913 C A Scott
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

Certificate No. 16186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Julian Rice (Name on Original Certificate) who born (Was Born or Died) on Sept. 17, 1913 (Date of Event) in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by known by me as father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Rufus Rice	John Julian Rice

Subscribed and sworn to before me this 9th day of July 1942

Estella H. Pearce

Notary Public, residing at Jerome, Ida

My commission expires April 22, 1946
(Seal)

Signed Rufus Rice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of July, 1942

Estella H. Pearce

Notary Public, residing at Jerome, Ida

My commission expires April 22, 1946
(Seal)

Signed E M Snodgrass.
(Signature of Any Credible Person Other Than Previous Year)

Jerome, Idaho
(Street Address, City, State)

JUL 13 1942

JUL 15 1942

365.209.034-451

Form V. S. No. 11-C—10m-6-15-12

[redacted] STICS

PLACE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 19

File No. 16187

No. ..... St.

Primary Registration District No. .....

Registered No. 25—

Hospital .....

FULL NAME OF CHILD Addie Cannon

Sex of Child Female

Twin, Triplet or other? ..... and Number in order of birth .....

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth 9 (Month) 9 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Robert L Cannon	FULL MAIDEN NAME Samantha Deatherage
RESIDENCE Rupert	RESIDENCE Rupert
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Arkansaw	BIRTHPLACE Arkansaw
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott, Physician

(Physician or midwife)

Address Rupert

Filed Sept 10 1913 C. H. Scott Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1942

365-220-004-359

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ——, —— St.

Hospital ——

Form V. [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 16188

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Frances Elizabeth Long

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 20th 1913

FATHER		MOTHER	
FULL NAME	Edwin B. Long	FULL MAIDEN NAME	Elizabeth Leitner
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Colorado	BIRTHPLACE	Wisconsin
OCCUPATION	Loco. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or Midwife)

Address Montpelier Idaho

Filed 10/20/1913 H H King MD Registrar

Given names added from a supplemental report

....., 19....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

261-123-004-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 16189

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Alfred Elmer Swa

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 23rd, 1913

FATHER		MOTHER	
FULL NAME	Alfred Lewis Swa	FULL MAIDEN NAME	Minnie P. Watson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or Midwife)

Address Montpelier Idaho

Filed 10/23/1913 H H King MD Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

K

JAN 14 1942

STATE OF IDAHO
Bureau of Vital Statistics

PLACE OF BIRTH

DECEASED

719-221-004395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ....., ... St.

Hospital .....

Registration District No. 52 File No. 16190

Primary Registration District No. 2186 Registered No. .....

FULL NAME OF CHILD ~~Not Named~~ Marion Virginia Parker

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Oct 21 1913

FATHER		MOTHER	
FULL NAME	Jared Parker	FULL MAIDEN NAME	Marion Lindsay
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Bennington Ida	BIRTHPLACE	Brigham City Utah
OCCUPATION	Farmer	OCCUPATION	Homewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 11 30 (Born alive or stillborn), at P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. O. W. Pugsley MD

Montpelier Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 11/7/ 1913 S H St Henry MD

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

CC 3/25/41 RMF

759-113-004-316

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 16191

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 13, 1913

FATHER		MOTHER	
FULL NAME	William Perkins	FULL MAIDEN NAME	Lottie Law
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Bennington	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don Pryntes

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier Ida

Filed 11/7/ 1913 S & H King

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10r

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

314-111-004-439

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-[illegible]

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16192

Registration District No. 52 File No. .....

Primary Registration District No. E 2136 Registered No. .....

FULL NAME OF CHILD Robert Edward Lambert

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 11, 1913

FATHER		MOTHER	
FULL NAME	Edmund H Lambert	FULL MAIDEN NAME	Ethel McIntosh
RESIDENCE	Leadore Idaho	RESIDENCE	Leadore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Montpelier, Ida
OCCUPATION	Master Mechanic (RR)	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D J W Poynter

Physician

(Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier Ida

Filed 11/7/ 1913

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

[illegible] Registrar

Dec. 10/40 L. B.

1-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-106-014-168

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 524-14½ Av. N. St.

Hospital

ST[redacted]
BUREAU [redacted]
CER[redacted]

Registration District No. _____ File No. 16193

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD Malony

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes	10/ 4 / 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	G. F. Malony	FULL MAIDEN NAME	Ida Johnson
RESIDENCE	~~Mich~~ Nampa	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Brake-man, R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. McKellogg

Phys. (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Ida

Filed 10/10 1913 S. D. Calanger Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

252-124.01X 864

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16194

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD Died

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	10 / 24 / 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren J. Kesner	FULL MAIDEN NAME	Lova Houston
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Phys.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed 10/29 1913 S. D. Calanga

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

PLACE OF BIRTH

297-223-014-893

AMENDED July 21, 1947

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CANYON

City of NAMPA

No. ..... St.

Registration District No. .....

File No. 16195

Hospital .....

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD ARDENE BIGGS
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem				Yes	Sept. 25 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: DE WARD BIGGS	FULL MAIDEN NAME: NONA HICKEY
RESIDENCE: Nampa	RESIDENCE: Nampa
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Clinton, Missouri	BIRTHPLACE: Anaconda, Montana
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive [redacted] at 4:00 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) GEO. O. A. KELLOGG

Physician
(Physician or midwife)

Address Nampa, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 9-14 1913 G. D. Calanger

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

251-217-014-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16196

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. 7 Registered No. .....

FULL NAME OF CHILD Henrietta ~~[illegible]~~ Jean Seawell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 10 / (Day) 7 / (Year) 1913
female			

FATHER		MOTHER	
FULL NAME	J. F. Seawell	FULL MAIDEN NAME	Ruth Hicks
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	BIRTHPLACE	Iowa
OCCUPATION	R. R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. O. Kellogg

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Nampa, Ida.

Filed 10/12 1913 J. D. Calaway Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles }

Certificate No. 16196-~~37936~~

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Henrietta Louise Seawell (Name on original certificate) who was born (Was born or died) on October 7-1913 (Date of event)
in Nampa Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by marriage license (Bible record, insurance policy, etc.) prepared on August 1936 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Henrietta Louise Seawell	Henrietta Jean Seawell

Subscribed and sworn to before me this 9 day of May, 19 41

Cornelia Van Steenwyk
Notary Public, residing at Los Angeles
My commission expires March 11 — 1944
[SEAL]

Signed Mrs. Ruth Seawell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

1664 Fashion Ave. Long Beach Cal.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of California } ss.
County of Los Angeles }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of May, 19 41

Cornelia Van Steenwyk
Notary Public, residing at Los Angeles
My commission expires March 11 — 1944
[SEAL]

Signed Frank Hartman
(Signature of any credible person other than the previous affiant)

10959 So. Main St. Los Angeles Calif.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

APR 29 1965

219-116-014212

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16197

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD Milton Irving Barningham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W. Barningham	FULL MAIDEN NAME	Grace Sabin
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Manitoba
OCCUPATION	Civil Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 7.45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. U. A. Lovejoy

Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Idaho

Filed 10/21 1913 P. D. Calanger
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1966

JUL 22 1975

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864.123-014-289

[illegible]

[illegible] OF [illegible]
[illegible] OF VITAL STATISTICS
[illegible] OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 7

File No. 16198

Registered No. .....

FULL NAME OF CHILD Weldon H. Young

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	10 (Month) 23 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August E. Young	FULL MAIDEN NAME	Ethel I. Shurtleff
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Mechanic	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. W. A. Kellogg
Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed 10/25 1913 S. D. Calonge
Registrar

Registrar

S-Y CO. 20174

MAY 22 [illegible]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16198

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Weldon Howard Young

Subscribed and sworn to before me this 22 day of May, 1944.

Margaret E. Mason

Notary Public, residing at Boise, Idaho

My commission expires 7-25-46
(Seal)

Signed August Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 10 1945

NOV 12 1969

213-123-014-318

PLACE OF BIRTH

Form U. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of near Nampa

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. 7

File No. 16199

Registered No. .....

FULL NAME OF CHILD: KENNETH LAYTON SALA

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	x		x	yes.	10/23/1913. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel E. Saml Sala.	FULL MAIDEN NAME	Mary Taylor.
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42. (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	House-wife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg.

Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed 10/25 1913 G. D. Calanza
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 17, 1941. E.W.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

BUREAU OF VITAL STATISTICS
STATE OF IDAHO

348-227-014-118

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Cor. 10 + 10 - South St.

Registration District No. _____ File No. 16200

Primary Registration District No. 7 Registered No. _____

Hospital ×

FULL NAME OF CHILD × Laura Anna Luque

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	×		×	yes	Oct 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Luque	FULL MAIDEN NAME	Carmen Jayo
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	France	BIRTHPLACE	Spain
OCCUPATION	Sheep raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Nampa Idaho

Filed 10/29 1913 S. D. Calanger Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 10-0—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PL[redacted] BIRTH

DEC 22 1944

DECEASED

154-126-014-3

PLACE OF BIRTH

County of Canyon

CERTIFICATE OF BIRTH

City of Nampa

Registration District No. _____ File No. 16201

No. R.F.D. No 2 St.

Primary Registration District No. 7 Registered No. _____

Hospital x

FULL NAME OF CHILD x Don Wilford Andrews

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		4	yes	Oct (Month) 26 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. J. Andrews	FULL MAIDEN NAME	Nina Carter
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Given names added from a supplemental report

Address Nampa Idaho

19

Filed 10/29 1913 P. D. Calonge Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

APR 13 1954

3/15/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Rusty Gold St.

Hospital X

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 16202

Primary Registration District No. 7 Registered No. ____

FULL NAME OF CHILD Albert Hotchkiss

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X		X	yes	Oct 10 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Hotchkiss	Minnie Foster
RESIDENCE	Nampa, Ida	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Nebraska	
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Murray Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/15 1913 S. D. Calaway Registrar

8-Y CO. 20174

PLACE OF BIRTH

AUG 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

255.110.014.434

County of Canyon

City of Nampa

No. 107 St South St.

Hospital X

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16203

Registration District No. _____ File No. _____

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD SAMUEL WESTLY KENDALL ~~Samuel Kendall~~

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	Twin	2nd	yes	Oct 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newton Kendall KENDALL	FULL MAIDEN NAME	Nellie McMickin
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tenn.	BIRTHPLACE	Texas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

_____ 19__

_____ Registrar

Filed 10/15 1913 S. D. Calanger Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR ~~DEATH~~

State of ..... } ss.
County of ..... }

Certificate No. 16203

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Samuel Westly Kendall (Name on Original Certificate) who Oct 10 1913 (Was Born or ~~Died~~) on Oct 10, 1913 (Date of Event)
in Naples, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts) are correct
SurName	Kimball	Kendall
Name	Samuel	Samuel Westly Kendall

Subscribed and sworn to before me this 20th day of July, 1942

J. of Ruby L Worthey
Notary Public, residing at Yakima Wn
My commission expires 1944
(Seal)

Signed Mrs H. L. McConaughey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
111 So 4th W. Yakima, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1942

J. of Ruby L Worthey
Notary Public, residing at Yakima
My commission expires 1944
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)
420 So. 26 Ave. Yakima, Wn.
(Street Address, City, State)

JUL 23 1942

255-110-014-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. South 10th St.

Registration District No. _____ File No. 16204

Primary Registration District No. _____ Registered No. _____

Hospital ×

FULL NAME OF CHILD JOSEPH ~~Joseph~~ BREZZE ~~Mitchell~~ KENDALL ~~Kimball~~

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	twin	1st	yes	Oct 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newton Kendall	FULL MAIDEN NAME	Nellie McMickin
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Texas.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Given names added from a supplemental report

Address Nampa Idaho

_____ 19____

Filed 10/13 1913 ~~J.~~ D. Calanger

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 16204

State of ..... } ss.
County of .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Joseph Brezze Kendall (Name on Original Certificate) who Born (Was Born or Died) on Oct 10, 1913 (Date of Event)
in Naples Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Kimball	Kendall
Name	Joseph	Joseph Brezze Kendall

Subscribed and sworn to before me this 20th
day of July, 1942
Ruby L Northey
Notary Public, residing at Yakima
My commission expires 1944
(Seal)

Signed Sister Mrs N. L. McConaughey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
111 So 4 St. Yakima Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they
are true to the best of his knowledge.
Subscribed and sworn to before me this 20th
day of July, 1942
Ruby L Northey
Notary Public, residing at Yakima Wn
My commission expires 1944
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)
420 - So. 16 Ave. Yakima Wn
(Street Address, City, State)

JUL 23 1942

566-107-BLK-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16205

Primary Registration District No. 7 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	and	—	yes	10 . 7 . 191 8

FATHER		MOTHER	
FULL NAME	Francis Marion Hooper	FULL MAIDEN NAME	Cloe Ethrinda Childs
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Arizona	BIRTHPLACE	Tok.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) C. B. Beller M.D.
Phys.
(Physician or midwife)

Address Nampa Ida

Filed 10/23 1918 S. D. Calaway
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

719-109-014-146

Form V.S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. St.

Hospital X

Registration District No.

File No. 16206

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD X John Harold Park

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Sept 9 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John H Park	FULL MAIDEN NAME	Minnie Alice M. A. Amos
RESIDENCE	Nampa Ida - R.F.D.	RESIDENCE	Nampa Ida R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 45 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician

(Physician or midwife)

Given names added from a supplemental report

19

Address Nampa Idaho

Filed 9/10 1913 B.D. Colangr

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH MAY 23 1961

2/20/41 L. B.

293.114.016261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16207

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD X Walter Cornelius Killian

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Sept 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. C. Killian	FULL MAIDEN NAME	Catherine Board
RESIDENCE	Big Bend Oregon P.O. Parma Idaho R.F.D. No 3	RESIDENCE	Parma Idaho R.F.D. No 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Address Nampa Idaho

Filed 9/19 1913 B. D. Calonge Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 14 1975

648-118-014-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Country St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 16208

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD x Owen Milton Fuhriman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	x		x	yes	Sept 18 1918 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W Fuhriman	FULL MAIDEN NAME	Mary L Schoenhals
RESIDENCE	P.O. Kuna R.F.D.	RESIDENCE	P.O. Kuna R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Address Nampa Idaho

Filed 9/20 1913 S. D. Calanger Registrar

Given names added from a supplemental report

_____ 19__

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 1 1942

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-130-014693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 16209

Primary Registration District No. 2005 Registered No. 206

FULL NAME OF CHILD Clifford Joseph Chase

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	6 - 30 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William E. Chase	FULL MAIDEN NAME	Sarah Wilmot
RESIDENCE	Melba Ida	RESIDENCE	Melba Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Harrisburg Penn	BIRTHPLACE	England
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Oct. 14 1913 John S. Meyer
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
JUN 18 19[illegible]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 14 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

217-116-014-262

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 16210

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD Donald Maurice Baxter.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	5 (Month) 16th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. a. Baxter	FULL MAIDEN NAME	Dora Bosh
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Olive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. McKellogg, M.

Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa, Idaho

Filed May 1913 B. D. Calange
Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON }
County of Baker } ss.

Certificate No. 16210

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on May 16th, 1913 (Date of Event)
in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Donald Maurice Baxter
Date	May 17th	May 16th

Subscribed and sworn to before me this 17th day of June, 19 42.

Notary Public, residing at Baker, Oregon

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires April 25, 1943.

Signed Dora Baxter (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

DURKEE, ORIGON
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON }
County of Baker } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of June, 19 42.

Notary Public, residing at Baker Oregon

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My Commission Expires April 25, 1943.

Signed J. A. Baxter
(Signature of Any Credible Person Other Than Previous Year)

Durkee Oregon
(Street Address, City, State)

JUN 23 1942

Corrected Z.J.

JUN 24 1942

JUN 1

658-110-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration D[illegible] .....

File No. 16211

Primary Regi[illegible]strict No. 7

Registered No. .....

FULL NAME OF CHILD Paul Archie Weymouth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	Yes.	8 (Month) / 10 (Day) / 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence L. A. Weymouth	FULL MAIDEN NAME	Carrie Wilson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1-28 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. W. Gilroy

Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida.

Filed AUGUST 1913

S.S. Calonge
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-112-014-439

Form V. S. No. 11-C. 20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 3 Mi. N.W. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 16212

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD Maurice McRobbie Karcher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	X		X	yes.	10/12/1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Geo. Lippi Karcher.	FULL MAIDEN NAME	~~Kitty~~ McRobbie. Elizabeth Janet
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	~~42~~ 51	AGE AT LAST BIRTHDAY (Years)	~~41~~ 42
BIRTHPLACE	~~Ill~~, Philadelphia, Penn.	BIRTHPLACE	~~Ohio~~, Antwerp, N.Y.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. A. Kellogg.

Phy. (Physician or midwife)

Address Nampa Ida.

Given names added from a supplemental report

_____ 19____

Filed 10/15 1913 S. D. Calanga Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1942

253 225-014-219

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 2 St.

Hospital ✓

Registration District No.

File No. 16213

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD Madge E. Infant Betts

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓		✓	Yes	10/25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jacob Betts	FULL MAIDEN NAME	Nora Burnett
RESIDENCE	Near Nampa Ida	RESIDENCE	Near Nampa Ida.
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Ind.	BIRTHPLACE	Kans
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 30 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Filed 10/25 1913 S. D. Calonge Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 19 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
COUNTY OF Canyon) ss.

AFFIDAVITS FOR CORRECTION OF A RECORD

Mrs. Nora Betts of Nampa, Idaho, being first duly sworn, deposes and says that she is the Mother of (If related, specify degree. If friend or otherwise, so state) of Madge E. Betts who was born (Was born or died) in the city of Nampa, County of Canyon, on the 25th day of October, 19 1 as stated in a certificate of birth (birth or death) filed by S. D. Calonge, M. D. (Name of physician or midwife or undertaker for death) with the Local Registrar for the city of Nampa, County of Canyon, Idaho, on the 28th day of October, 19 13.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Sex of Child----Male

That affiant upon her (his, her) own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: Sex of Child--Female.

(Seal)

Affiant Mrs. Nora F. Betts

Address 1109-9th St. So., Nampa, Idaho

Subscribed and sworn to before me this 16th day of May, 19 39.

(Notary Public)

STATE OF IDAHO)
COUNTY OF Canyon) ss.

Miss Lucille Stover of R#2, Nampa, Idaho, being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Lucille Stover

Address Nampa, Idaho

Subscribed and sworn to before me this 16th day of May, 1939.

(Seal)

Notary Public

231-229-014-466

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital ✓

Registration District No. _____ File No. 16214

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD — Stacy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓		2	Yes	10/29 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Stacy	FULL MAIDEN NAME	Minnie Moore
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 oc PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calange M.D.

✓

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Nampa Ida

Filed 10/31 1913 S. D. Calange Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rm 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Certificate

[redacted]

County of [redacted]

CERTIFICATE OF BIRTH

City of Nanaimo

Registration District No. ..... File No. 16215

No. ..... St.

Primary Registration District No. 7 Registered No. .....

Hospital .....

FULL NAME OF CHILD Marie Asselin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	V	V	Yes	9/10 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Asselin	FULL MAIDEN NAME	Rosa Rimell
RESIDENCE	Nanaimo Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. D. Calaway M.D.

(Physician or midwife)

Address Nanaimo, Ida

Given names added from a supplemental report

..... 19.....

Filed 9/13 1913 P. D. Calaway

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 431-11-010-493

County of Canyon

City of Nampa

No. ..... St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 16216

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD [redacted] Vern Leroy McAdams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	10/10 1913

FATHER

FULL NAME: Jas L. McAdams

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Ark.

OCCUPATION: Painter & Paper Hanger

MOTHER

FULL MAIDEN NAME: Sylvia Vern [redacted] Mill

RESIDENCE: Do

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calaway M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/11 1913 D. D. Calaway Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Form V. S. No. 11-C

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 16217

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	ne	✓	Yes	9/18 1913

FATHER		MOTHER	
FULL NAME	Wm S. Hamilton	FULL MAIDEN NAME	Clara Brindley
RESIDENCE	Nampa Ida	RESIDENCE	Do
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
BIRTHPLACE	Ohio	COLOR	White
OCCUPATION	Sec plant Supt	AGE AT LAST BIRTHDAY (Years)	42
		BIRTHPLACE	Do
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 days on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed ..... 19 13 S. D. Calonge

Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

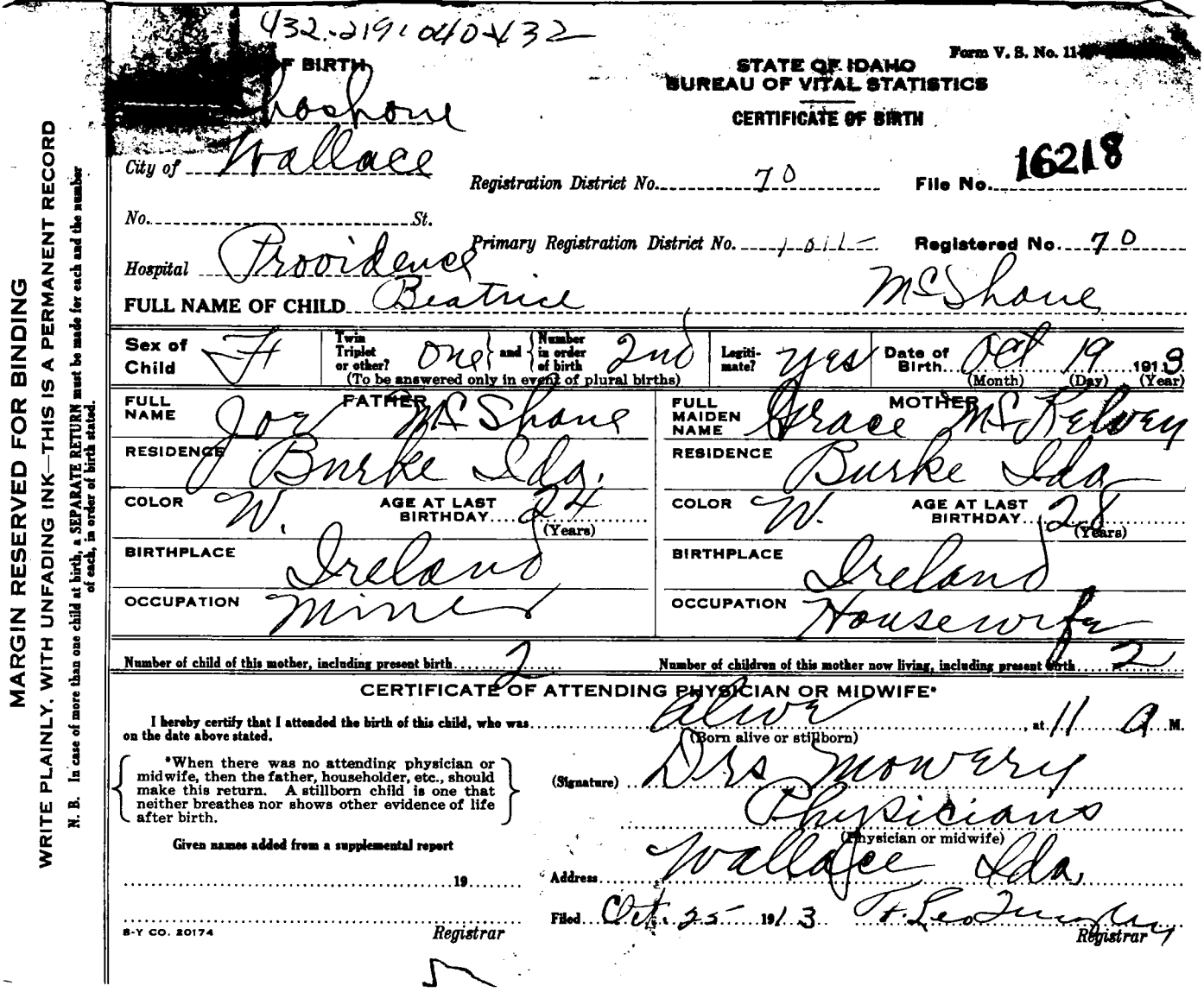
Form V.S. No. U-O-

STATE OF IDAHO

PLACE OF BIRTH

PERMANENT RECORD

FEB 25 1942



432-219-040-432

Form V. S. No. 11[redacted]

[redacted]F BIRTH

[redacted]hoshone

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Wallace

Registration District No. 70

File No. 16218

No. ..... St.

Primary Registration District No. 1011

Registered No. 70

Hospital Providence

FULL NAME OF CHILD Beatrice McShane

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	One	2nd	yes	Oct 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Joe McShane	FULL MAIDEN NAME	Grace McKelvey
RESIDENCE	Burke Ida.	RESIDENCE	Burke Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 25 1913 F. Leo Murphy Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

343118104066

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 16219

Primary Registration District No. 1011 Registered No. 71

FULL NAME OF CHILD Chas. Eugene Tilford

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	2nd	Yes	Oct 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Tilford	FULL MAIDEN NAME	Margaret Foley
RESIDENCE	Burke Ida	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 25, 1913 F. Leo Tingley Registrar

8-Y CO. 20174

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DUP OF 1913 D57-786

666-205-040-89 S

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 10 File No. 16220

No. ..... St.

Primary Registration District No. 1011 Registered No. 68

Hospital Providence

FULL NAME OF CHILD Mary Eleanor Wood

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	1st	yes	Oct 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John Wood	FULL MAIDEN NAME	Annie Hicks
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho.
OCCUPATION	Millforeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida

Filed Oct 25 1913 F. Les Tumpley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 2 2 1974

AUG 2 2 1974

SEP 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-206-080-592

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 16221

Primary Registration District No. 1011- Registered No. 69

FULL NAME OF CHILD Fales

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	One	1st	yes	Oct 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fanton Oliver Fales	FULL MAIDEN NAME	Lenore Eisenhardt
RESIDENCE	Pasco, Wash.	RESIDENCE	Pasco, Wash.
COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Don't Know	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida

Filed Oct. 25 1913 F. Leo Tingley Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of [illegible])

339-122-040-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 117 Cypress St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 16222

Primary Registration District No. 1711 Registered No. 72

FULL NAME OF CHILD Infant Clifford

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	4	Yes	Oct 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. L. Clifford	FULL MAIDEN NAME	Vama Grant
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	R.R. Employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Mowery

Physicians
(Physician or midwife)

Address Wallace Ida.

Given names added from a supplemental report

.....19.....

Filed Oct. 25 1913 J. Leo Quigley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

366-220:040-632

PLACE OF BIRTH

County of Shoshone

City of Avery

No. ____ St.

Hospital ____

Form V. S. No. 11-C—60m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 16223

Primary Registration District No. 2110

Registered No. ____

FULL NAME OF CHILD Wilma Marie Coolbaugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	____	____	yes	August 20 1913

	FATHER	MOTHER
FULL NAME	Roland Ray Coolbaugh	FULL MAIDEN NAME Gena Marie Olson
RESIDENCE	Avery Ida	RESIDENCE Avery Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Sioux City Iowa	BIRTHPLACE Minnesota
OCCUPATION	Railroad wrecker engineer	OCCUPATION House wife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 P. M. on the date above stated.

(Signature) L F Smith M D

(Physician or midwife)

Address Avery, Idaho

Filed Aug 25 1913 H. Chas. A. Dill Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 14 1975

893-148-040-742

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

Registration District No. 25 File No. 16224

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD ~~Oscar Wilbert~~ WILBUR RUDOLPH Hillstrom

Sex of Child M	Twin Triplet or other? one and Number in order of birth 4 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Aug (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Hillstrom	FULL MAIDEN NAME	Mary Gustafson
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Finnland	BIRTHPLACE	Finnland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Mowery

Physicians (Physician or midwife)

Address Wallace

Given names added from a supplemental report

Aug 25 19.....

Registrar

Filed Aug 25 1913 Mr Chas A Hellman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 16224

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Oscar Wilbert Hilstrom (Name on Original Certificate) who was born (Was Born or Died) on (Date of Event)
in Gem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on June 1941 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hilstrom	Hillstrom
Name	Oscar Wilbert	Wilbur Rudolph Hillstrom

Subscribed and sworn to before me this 14
day of October, 1942
Anna Patrick
Notary Public, residing at Wallace, Idaho
My commission expires Sept 4, 1945
(Seal)

Signed Emelia Hillstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Gem, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of October, 1942
Anna Patrick
Notary Public, residing at Wallace, Idaho
My commission expires Sept 4 1945
(Seal)

Signed Leslie P. Batchelor
(Signature of Any Credible Person Other Than Previous Year)
Wallace, Idaho
(Street Address, City, State)

OCT 2 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 1225 2109

File No. 16225

No. ..... St.

Primary Registration District No. 2200

Registered No. .....

Hospital .....

FULL NAME OF CHILD Belva Blanche Solum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
[illegible]	One	2d	Yes	Aug 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orpin B. Solum	FULL MAIDEN NAME	Florence Lamphere
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

Filed Aug 25 1913

..... Registrar

Registrar

S-Y CO. 20174

ted States
)artment of Commerce
'eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

PLACE OF BIRTH (All items at time of this birth)
a) County Shoshone (b) City Wallace
c) Street Address or R.F.D. No.....
d) Name of Hospital or Maternity Home: At Home
e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years 7 months 12 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Wallace
(d) Street Address or R.F.D. No.....
(e) How long has **MOTHER** lived in Idaho? 3 yrs.

3. RESIDENCE OF FATHER (city, state) Wallace, Idaho

FULL NAME OF CHILD Belva Blanche Solum

5. Date of Birth of Child (Month, day, year) Aug. 22, 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Orem B. Solum

Color or Race White

12. Age at time of THIS birth 24 yrs.

Birthplace Wisconsin (City or town) (State or foreign country)

Exact Occupation Lumberman

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Florence A. Shoshone

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace Washington (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum 2nd

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was.....at.....M. on the date
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by....., who is related to this child as.....
(First name) (Last name) (Mother, etc.)

Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appears
(Mother, etc.)

tem 4, above, that I am now 47 years of age, that I have known this person for 28 years, and that

..... Fredine ..... Lyon ....., who attended this birth..... I further state that
(First name) (Last name) (Is now deceased) or (Cannot be located)

facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under
ıpter 139, 1937 Session Laws.

Florence A. Solum Signature

Montpelier Idaho P. O. Address

Subscribed and sworn to before me this 12th day of January, 19 47

(SEAL) Chas Estrom Notary Public, residing at Montpelier Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on..... by....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

351-101-040-344

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of SHOSHONE

City of MULLAN

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 16226

Primary Registration District No. 2108 **Registered No.** .....

FULL NAME OF CHILD Leato

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
MALE		YES	August (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	CHARLES LEATO	FULL MAIDEN NAME	EMMA TUMBELL
RESIDENCE	MULLAN IDAHO	RESIDENCE	MULLAN IDAHO
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	SWEDEN	BIRTHPLACE	SWEDEN
OCCUPATION	MINER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

PHYSICIAN (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address MULLAN IDAHO

Filed Aug 4 1913 Dr. Chas. A. Dettman *Registrar*

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) SHOSHONE

319-107-040-296

Form V. S. No. II-C—20m-4-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 45 File No. 16227

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Alvin Elmer Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	August 1 1913

FATHER		MOTHER	
FULL NAME	Oliver W. Carter	FULL MAIDEN NAME	Mamie A Brown
RESIDENCE	Mullan Idaho	RESIDENCE	Mullan Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Indian Territory Okla.
OCCUPATION	Millman	OCCUPATION	Housework

Number of child of this mother, including present birth V

Number of children of this mother now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 12 19 13 Fr. Chas. A. Dettmann Registrar

S-Y CO. 20174

Mailed to Dettmann Aug-11-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-15-L

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16727

PLACE OF BIRTH

JUN 1947

County of

215-12 4 10 40-344

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 25 File No. 16228

No. ——— St.

Primary Registration District No. 2105 Registered No.

Hospital ———

FULL NAME OF CHILD Joseph Savage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	L	Oct 24 1913

FATHER		MOTHER	
FULL NAME	Raphael Savage	FULL MAIDEN NAME	Marta Ludwick
RESIDENCE	Kellogg	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Germany
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. L. Lesher.

Physician

(Physician or midwife)

Given names added from a supplemental report

Address Kellogg, Ida.

19

Filed Oct 28/13 Dr. Chas. A. Dillman

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

182

CERTIFICATE OF BIRTH

MAR 31 1961

243-107-040-449

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

Registration District No. 75

File No. 16229

No. ..... St.

Primary Registration District No. 2105

Registered No. .....

Hospital .....

FULL NAME OF CHILD Carl Murray Butz, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy.	1		1	yes	8 (Month) 7 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Butz	FULL MAIDEN NAME	Deloma G. Murray
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Grocery Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 10 1913 Dr. Chas. A. Dillon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 4 1964

OCT 28 1915

667-105-040-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Kellogg

Registration District No. 25

File No. 16230

No. ..... St.

Primary Registration District No. 2105

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Fox Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	1		1	yes	8 (Month) 5 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Fox	FULL MAIDEN NAME	Agnes Alice Robinson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Machinist	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 10 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

396-319-0[illegible]9

Form V. S. No. 11-C [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Osborne

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 16231

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Josephine Alice Crowley

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	One	7th	yes	Aug 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Patrick Crowley	FULL MAIDEN NAME	Mary Murphy
RESIDENCE	Osborne Ida	RESIDENCE	Osborne Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida

Filed Aug 25 1913 Lee Chas W. Eckman

Registrar Registrar

S-Y CO. 20174

Form V. S. No. 11-C

STATE OF IDAHO

PLACE OF BIRTH

Certificate of Baptism, Sept. 2, 1916, St. Alphonsus Church, Wallace, Idaho gives full name as Josephine Alice Crowley, born Aug. 20, 1913 at Wallace, Idaho to Patrick Crowley and Mary A. Murphy - viewed by V.S.

Standard Elementary Certificate, Common Schools of the State of Washington, six year (Teachers Certificate) dated August 30, 1941 at Olympia, Wash. gives full name as

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
RECEIVED
DEC 17 1962

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Washington }

Josephine Alice Crowley - viewed by V.S.

Certificate No. 16231

Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Crowley (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1913 (Date of Event) in Osborne, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on May 31-1952 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Josephine Alice Crowley

Subscribed and sworn to before me this 10th day of December, 19 62

Notary Public, residing at Hillsboro, Oregon

My commission expires 3-22-66

(Seal)

Signed _____
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of December, 19 62

Notary Public, residing at Hillsboro, Oregon

My commission expires 3-22-66

(Seal)

Signed _____
(Signature of Any Credible Person)

_____
(Street Address, City, State)

FORM DH 60-155 CL 12-4-62. ~~nm~~ two copies pd. rec. # 20071.

DEC 2 '62

719-103-040-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 25 File No. 16232

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD Lloyd Granley Garrette

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	3	L	Aug 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lafayette Garrette	FULL MAIDEN NAME	Anna S. Granley
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lesher

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Ida.

Filed Aug 10 1913 Dr. Chas. A. Wittman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. IL-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

392-114[illegible]39-125

[illegible]RTH

[illegible]

[illegible] Am Falls,

[illegible] St.

[illegible]tal

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ **File No.** 16233

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Charles Gifford Lish

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes,	Oct 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Bird Lish	FULL MAIDEN NAME	Zella Lenore Abercrombie
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth
Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address American Falls Idaho

Filed Oct 15 1913 R.F. Noth M.D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE [illegible] of each, in order of birth [illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RTH

FOR
THIS

549-210-039-943

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 16234

No. St.

Primary Registration District No. 2072 Registered No.

Hospital Bethany Diaconess

FULL NAME OF CHILD Ada Martha Emigh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Roy Emigh	FULL MAIDEN NAME	Ethel Rice
RESIDENCE	Yale, Idaho,	RESIDENCE	Yale Idaho,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Pa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth,

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address American Falls Idaho,

Filed Oct 12 1913 R. F. Noth M.D.

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 29 1946

263-206-039-966

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 **File No.** 16235

No. ..... *St.*

Primary Registration District No. 2072 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Emma Elda Bolton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ross Lee Bolton	FULL MAIDEN NAME	Florence Rowe
RESIDENCE	American Falls Idaho	RESIDENCE	American Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth,

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address American Falls Idaho,

Filed Oct 7 1913 R.F. Noth

..... Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1973

265-104-039-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls,

No. ..... St.

Hospital .....

Registration District No. 25 File No. 16236

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD Cecil Sovereign

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Richard Sovereign	FULL MAIDEN NAME	Cora Hollis
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Linotype Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. North

Physician (Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 13 1913 R.F. North M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 19 1976

251-203-039-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Am Falls,

No. ..... *St.*

Hospital .....

Registration District No. 25 **File No.** 16237

Primary Registration District No. 2072 **Registered No.** .....

FULL NAME OF CHILD Margaret Gertrude Searles,

Sex of Child Female	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes,	**Date of Birth** Oct (Month) 3 (Day) 1913 (Year)

FATHER		**MOTHER**	
FULL NAME	Jasper Eugene Searles,	**FULL MAIDEN NAME**	Gertrude Koons,
RESIDENCE	American Falls Idaho	**RESIDENCE**	American Falls Idaho
COLOR	White **AGE AT LAST BIRTHDAY** 38 (Years)	**COLOR**	White **AGE AT LAST BIRTHDAY** 36 (Years)
BIRTHPLACE	Minn	**BIRTHPLACE**	Minn
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 5 **Number of children of this mother now living, including present birth** 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) **at** 5:30 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address American Falls Idaho

Filed Oct 4 1913 R.F. Noth M.D. *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 14 1967

DEC 4 1972

DEC 8 1972

464-225-039-133

PLACE OF BIRTH

County of Boise

City of American Falls.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 16238

Primary Registration District No. 207 Registered No. .....

FULL NAME OF CHILD Betsy Lovina Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Sept 25 1913

FATHER		MOTHER	
FULL NAME	Dijon Morgan	FULL MAIDEN NAME	Velma Allen
RESIDENCE	American Falls Ida	RESIDENCE	American Falls Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F North Jr

Physician
(Physician or midwife)

Address American Falls Idaho,

Filed Sept 26 1913 R. F. North M. D.
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 5 1967

395-219-034-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Parmer

City of American Falls

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 16240

Registered No. .....

FULL NAME OF CHILD MARGARET ELEANOR LINK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Link	FULL MAIDEN NAME	Christina Wetzel
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallantine

Physician (Physician or midwife)

Address American Falls, Ida.

Given names added from a supplemental report

..... 19 .....

Filed Sept 26 1913 R. F. Voth Mrs. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio } ss.
County of Erie

Certificate No. 16240

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Margaret Eleanor Link (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1913 (Date of Event)
in Amherst Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept 27, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Margaret Eleanor Link
Margaret Eleanor Link	Margaret Eleanor Link	

Subscribed and sworn to before me this 13th
day of May, 19 43

R. H. Keller
Notary Public, residing at Sandusky O

My commission expires 5-8-46
(Seal)

Signed Christina Link
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

745 Sycamore St Sandusky O
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio } ss.
County of Erie

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of May, 19 43

R. H. Keller
Notary Public, residing at Sandusky O.

My commission expires 5-8-46
(Seal)

Signed Mrs. Joseph Loris
(Signature of Any Credible Person Other Than Previous Year)

731 745 Sycamore St. Sandusky O
(Street Address, City, State)

R. H. KELLER, Notary Public
My commission expires May 8 1946

MAY 26 1948

962-113-039-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. _____ File No. 16241

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	H. W. Robinson	FULL MAIDEN NAME	Etta Pearl Lewis
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address American Falls, Idaho

Filed Aug 13 1913 R. T. Nth Mon

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

162-207039-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. _____ File No. 16242

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Mildred Ethel Joslin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 7 1913

FATHER		MOTHER	
FULL NAME	W. B. Joslin	FULL MAIDEN NAME	Minnie Clark
RESIDENCE	American Falls	RESIDENCE	Am. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Address American Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 17 1913

..... Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OCT 1 0 1975

295-203-039-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. _____ File No. 16243

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Bertha Kiehn

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 3 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jackob Kiehn	FULL MAIDEN NAME	Christina Raugust
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Roumania
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jacob Kiehn

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address American Falls, Id.

Filed Sept 6 1913 R T Noel

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-204-039-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 16244

No. ..... St.

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Lamka	FULL MAIDEN NAME	Nina Sherman
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Farmhand	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard T. Noch

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address American Falls

Filed Sept 11 1913 R. T. Noch

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Town) of

855-101-039-256

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 16245

No. ____ St.

Primary Registration District No. 2072

Registered No. ____

Hospital ____

FULL NAME OF CHILD Edwin Fred Hear

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 1 1913

FATHER		MOTHER	
FULL NAME	Fred Heer	FULL MAIDEN NAME	Mary Knodel
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	S. D.	BIRTHPLACE	S. D.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Voth

Physician

(Physician or midwife)

Address American Falls

Given names added from a supplemental report

....., 19.....

Filed Sept 11 19 13 R. F. Voth

Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-992- [redacted] 12-63

PLAC[redacted]

Form V. S. No. 13-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]alls

City of Twin Falls

No. ..... St.

Hospital Twin Falls

Registration District No. 1085 File No. 16246

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD DONALD ISAAC RISING

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 18 1913

FATHER		MOTHER	
FULL NAME	Everett W Rising	FULL MAIDEN NAME	Fay Waltman
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	NY	BIRTHPLACE	Oklahoma
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tod Fay
MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls. Idaho

Filed 10-25 1913 John H Coughlin
Registrar

S-Y CO. 20174

Donald

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

NOV 27 1941

Certificate No. 16246
Date Filed 10-25-41

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Baby Rising Name omitted (Name on original certificate) who born (Was born or died) on Oct. 18, 1913 (Date of event)
in Twin Falls, Idaho (Place of event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, Insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	no name given	Donald Isaac Rising

Subscribed and sworn to before me this 26th
day of November, 1941
Notary Public, residing at Nampa
My commission expires Nov. 25, 1945
[SEAL]

Signed Fay Waltman Rising, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1403-4 N. So., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of November, 1941
Notary Public, residing at Nampa
My commission expires Nov. 24, 1945
[SEAL]

Signed Mrs. Helen Rising
(Signature of any credible person other than the previous affiant.)
405 6 St. So. Nampa, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

498-220-04[illegible]-397

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 1085 File No. 16247

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD MARJORIE GRACE DRYDEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	Clifford Dryden	FULL MAIDEN NAME	Grace Tipton
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	SD
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tot Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls Idaho

Filed 10.25 1913 John H Brighton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Iowa } ss.
County of Black Hawk }

Certificate No. 16247

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Marjorie Grace Dryden (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 20th 1913 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are/~~are~~ erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Cradle Roll 1st Methodist Ch. (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct. 25th 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Marjorie Grace Dryden

Subscribed and sworn to before me this 23rd
day of January, 19 43.

Leo N. Leeper

Notary Public, residing at Waterloo, Iowa.

My commission expires 7-4-1945
(SEAL)

Signed Grace Edith Tipton Dryden
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

827 Dawson St., Waterloo, Iowa.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa } ss.
County of Black Hawk }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of January, 19 43.

Leo N. Leeper

Notary Public, residing at Waterloo, Iowa

My commission expires 7-4-1945
(SEAL)

Signed Clifford Thurlow Dryden
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

827 Dawson St., Waterloo, Iowa
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 27 1943

362-13-42-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 1085 File No. 16248

No. 129 Hansen St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Melbirne Patterson Coagriff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 31 1913

FATHER		MOTHER	
FULL NAME	Chester P. Coagriff	FULL MAIDEN NAME	Bessie Peterson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 11-8 19 13 John L. Coughlin
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16248

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Melbirne Patterson Cosgriff

Subscribed and sworn to before me this 28th day of August, 1942

Thomas L. Seavey
Notary Public, residing at Twin Falls Idaho
My commission expires October 1st, 1943
(Seal)

Signed Mrs. C. C. Cosgriff
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of August, 1942

Thomas L. Seavey
Notary Public, residing at Twin Falls Idaho
My commission expires October 1st 1943
(Seal)

Signed Lulu C. Milner
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 2 8 1942

MAR 1951

165 [illegible] 72042-434

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 1085 File No. 16249

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Rose Elizabeth Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Keith W Jones	FULL MAIDEN NAME	Rose McDonald
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Neb
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 830 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls, Idaho

Filed 10-20 1913 John L. Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/23/41. wh

JUN 8 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

918-131-042-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 158 Gem St.

Hospital

Registration District No. 1085 File No. 16250

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	Twin		3	yes	Oct. 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hawley H. Ray	FULL MAIDEN NAME	Ella Johnson
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas
OCCUPATION	Thresher	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Ida

Filed 11-5 1913 John T. Coughlin
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

918-131-042-168

Form V. B. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 158 Gem St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 16251

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	4	yes	Oct. 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hawley H Ray	FULL MAIDEN NAME	Ella Johnson
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Thresher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Idaho

Filed 11-15 1913 John T. Coughlin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(county of)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

413-129-042-219

PLACE OF BIRTH

STATE OF TOKYO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of " "

No. 321 - 4th av U St.

Hospital

Registration District No. 1085 File No. 16252

Primary Registration District No. Registered No.

FULL NAME OF CHILD HAROLD EDMOND Chas. Macauley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. John Macauley	FULL MAIDEN NAME	Marie Barrette
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minnesota
OCCUPATION	Cigar dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, Ida

Filed 11-5 1913 John W Coughlin
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FEB 17 1942

PLACE OF BIRTH

(County of)

165·227·042-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 217 8th Ave St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16253

Registration District No. 1085 File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct. 27 1913

FATHER		MOTHER	
FULL NAME	Harry W. Jones	FULL MAIDEN NAME	Grace Backus
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Gilman, Iowa	BIRTHPLACE	Clinton, Iowa
OCCUPATION	Principal - High School	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, Idaho

Filed 11-2 1913 John T. Coughlin Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

BIRTHDAY

AGE

359-128-042-289

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 427 - 4th St. N. St.

Hospital

[redacted] DAHO STAT[redacted] F BIRTH

Registration District No. 1085 File No. 16254

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ralph x Leighton Jr ELMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct - 28 1913

FATHER		MOTHER	
FULL NAME	Ralph E Leighton	FULL MAIDEN NAME	Hazel Shields
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado.
OCCUPATION	Asst. Postmaster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD

Physician (Physician or midwife)

Given names added from a supplemental report

Address Twin Falls Idaho

19

Registrar

Filed 11-5 1913 John H Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0-2000-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. PLACE OF BIRTH
(a) County Twin Falls (b) City Twin Falls
(c) Street Address or R.F.D. No. 5 Ave No
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls,
(d) **Street Address or R.F.D. No.** 5 Ave No
(e) How long has **MOTHER** lived in Idaho? 8 yrs.
(f) Mother's mailing address.....
3. RESIDENCE of FATHER (city, state)

4. FULL NAME OF CHILD Ralph Elman Leighton Jr.
5. Date of Birth (Month, day year) Oct 28-1913
6. Sex Male **7.** Twin or Triplet **If so born** 1st, 2nd, 3rd **8.** No. months of Pregnancy **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Edward Leighton
11. Color or Race White **12.** Age at time of THIS birth 25 yrs.
13. Birthplace (City or town) Kansas (State or foreign country)
14. Exact Occupation Asst Post Master
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Hazel Elma Shields
17. Color or Race White **18.** Age at time of THIS birth 21 yrs.
19. Birthplace (City or town) Norca (State or foreign country) Colorado
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....
23. Number of children of this mother: (a) At time of birth and including this child..... (b) Born alive and now living.....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was.....(born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by.....(First name) (Last name), who is related to this child as.....(Mother, etc.)

26. (a).....(Date received) (b).....(Registrar's signature)

27. Given name added on.....by.....(Registrar's signature)

25. Attendant's **OWN** signature.....M.D. (D.O., Midwife, etc.)
and address Date

State of Idaho } ss.
County of Twin Falls }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, Hazel E. Leighton, being first duly sworn, say that I am Mother of (Related to (or) acquainted with) Ralph Elman Leighton Jr. (Name of person on certificate above) as.....(State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr Nelson (Name of attendant at birth), who attended said birth (Is now deceased ~~(or) cannot be located~~) and that this birth **has not been previously recorded.**

Mrs Hazel E Leighton Signature
324-6th Ave North Twin Falls Ida. P. O. Address

Subscribed and sworn to before me on this 13 day of August 1941.
(SEAL) Notary Public, residing at Twin Falls Ida.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

439-210-042-619

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 511 3d av. N. St.

Hospital

Registration District No. 1085

File No. 16255

Primary Registration District No. /

Registered No.

FULL NAME OF CHILD Ruth Eleanor McRoberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter W. McRoberts	FULL MAIDEN NAME	Maude Warren
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls Idaho.

Filed 10-15 1913 John L. Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

459-212-042-469

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 327 4th av. E St.

Hospital

Registration District No. 1085 File No. 16256

Primary Registration District No. Registered No.

FULL NAME OF CHILD (M) Margaret Meigs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct. 12 1913

FATHER		MOTHER	
FULL NAME	Carl O. Meigs	FULL MAIDEN NAME	Louisa Dorow
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa.	BIRTHPLACE	Ann Arbor, Mich
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Idaho

Filed 10-15 1913 John W Creighton Registrar

Registrar

B-Y CO. 20174

Form V. S. No. 51-C—20m-8-55-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

OCT 12 1966

719-204-042-862

Form V. S. No. 11-C—20m-2-15

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 730 2nd ave E St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 16257

Primary Registration District No. Registered No.

FULL NAME OF CHILD IRENE GRACE X[redacted] Parrott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert A. Parrott	FULL MAIDEN NAME	Maude Hosford
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Optician	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Twin Falls Idaho

Filed 10-8 1913 John L. Gighlen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho) Certificate No. 16257
)ss
County of Twin Falls) Date Filed Sept 4th 1941

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Harriet Parrott to Irene Grace Parrott (Name on original certificate) who born (was born or died) on Oct. 4th 1913 (Date of event) in Twin Falls, Idaho (Place of event) are erroneous or were ommitted;

and that, to the best of his knowledge, the true facts of the case as shown by Bible, Marriage Certificate Insurance policy (Bible record, insurance plcy. etc.) prepared on Various dates (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
Name	Harriet Parrott	Irene Grace Parrott

JAN 25 1974

JAN 18 1974

[redacted]

Subscribed and sworn to before me this 5 day of September 1941

Signed Robert Arnold Parrott Father of Irene Grace
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Twin Falls

1002 Shoshone St E. Twin Falls Idaho
(Street address, City, State)

My commission expires MY COMMISSION EXPIRES 1943

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PEPSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Twin Falls)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of September 1941

Signed Anna A. Fulla
(Signature of any credible person other than the previous affiant.)

Notary Public
Residing at Twin Falls

840 Ash St. Twin Falls Ida
(Street address, City, State)

My commission expires MY COMMISSION EXPIRES 1943
(SEAL)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

255-17-093-993

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital Twin Falls Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]-15-12

Registration District No. 1085

File No. 16258

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD James Stanley Keel Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James S Keel	FULL MAIDEN NAME	Inez Richards
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Miss	BIRTHPLACE	Ill
OCCUPATION	Realestate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tob Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Idaho

Filed 10-20 1913

John H Cong[illegible]

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1625

FLAUS OF BIRTH

County of

City of

[illegible] 21 1961

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 313.130.042-255

County of Twin [redacted]

City of Twin [redacted]

[redacted] No. 2085

No.

Hospital

Primary Registration District No.

Registered No.

Form V. S. No. 11-C—20m-8-1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 16259

FULL NAME OF CHILD Cecil Cloy LaCourse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct (Month) 30 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	Henry LaCourse	FULL MAIDEN NAME	Anna Beebe
RESIDENCE	Hansin	RESIDENCE	Hansin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Idaho

Registrar

Filed 11-8 1913 Johnson Bughler Registrar

S-Y CO. 20174

JAN 26 1943

993-129-042-2[redacted]

[redacted]S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls [redacted]

City of ——

[redacted] *Registration District No.* [redacted] **File No.** 16260

No. ..... *St.*

Primary Registration District No. ..... **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Amsden Spiker Ritchey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 29 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Wesley Ritchey	FULL MAIDEN NAME	Edith Spiker
RESIDENCE	Hotchkiss, Col.	RESIDENCE	Hotchkiss, Col
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls Idaho

Filed 11-5 1913 John P. Creighton

Registrar

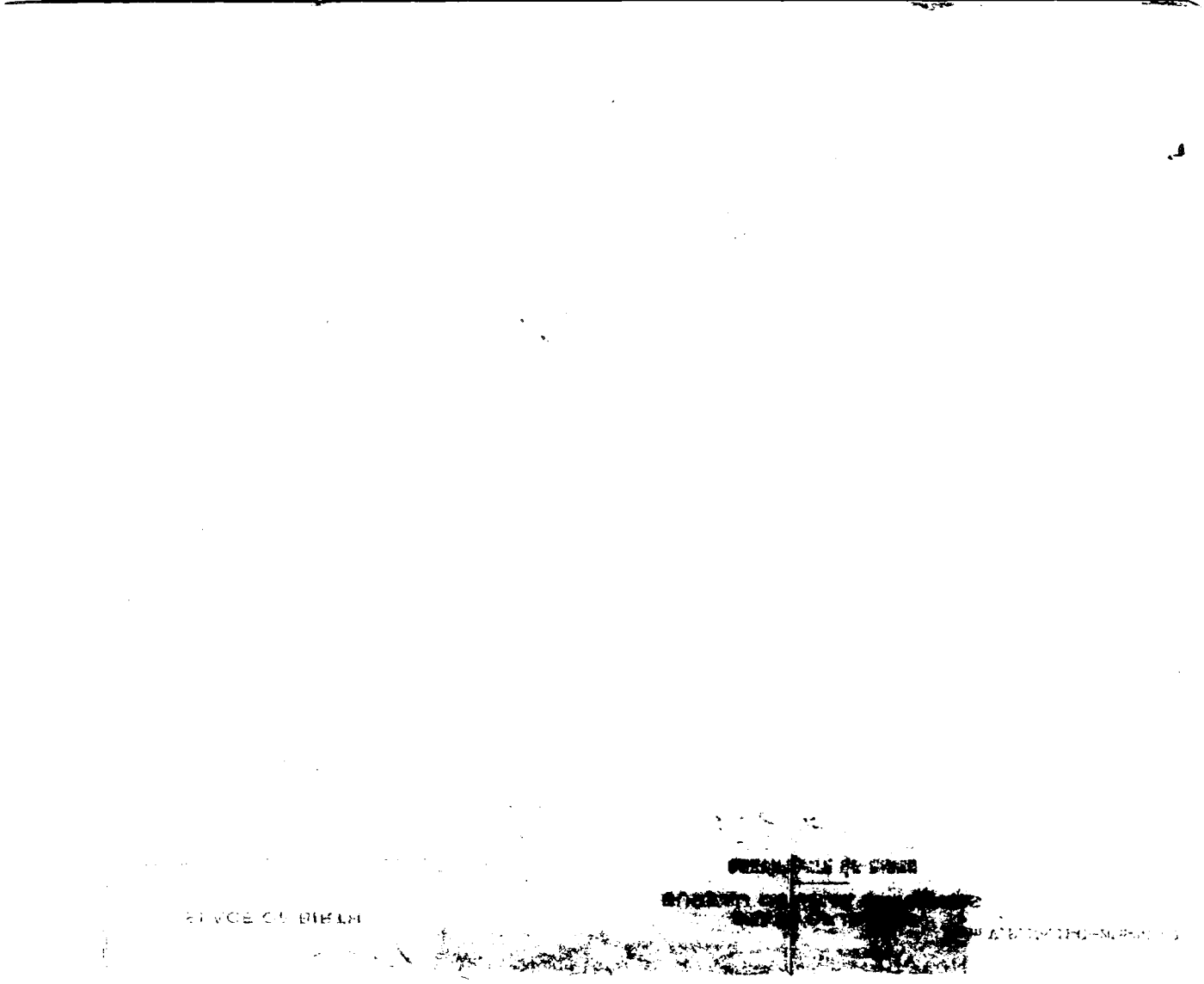
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



693-102-042-264

[redacted]

Twin Falls

[redacted]

City of " "

Registration District No. 2085 File No. 16261

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Oyler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H. Oyler	FULL MAIDEN NAME	Nannie A. Bousman
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls, Ida.

Filed 10-10 1913 John H Coughlin Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—Sum-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

343.227.042-232

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2085 File No. 16262

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Tucker EDNA LORAL TUCKER

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 10 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Leonard F. Tucker	FULL MAIDEN NAME	Edna McKenzie
RESIDENCE	Kimberly Ida	RESIDENCE	Kimberly, Ida.
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Twin Falls, Ida.

Filed 11-1 1913 Johnson Coughlin Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Form V. S. No. 11-C 10m 6-7-11

STATE OF IDAHO

PLACE OF BIRTH

OCT 31 1962

289-22-042653

Amended 8-14-64 (Be sure the information is complete and accurate)

State File No. 16263

Local Reg. No.

Reg. Dist. No. 2085

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls, Idaho

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Bernice b. (Middle): Elnora c. (Last): Shroll

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) Oct. (Day) 22, (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): Ernest b. (Middle): Thomas c. (Last): Shroll

8. COLOR OR RACE: White

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Tyndall, S. D.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Louisa b. (Middle): May c. (Last): Felton

13. COLOR OR RACE: White

14. AGE (At time of this birth): 18 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mapleton, Iowa

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: H. W. Sawyer, D.O.

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify) D.O.

18c. ADDRESS: Twin Falls

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-26-1913

20. REGISTRAR'S SIGNATURE: John H. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? yes [ ] no [ ]

...ence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 16263

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Shroll (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1913 (Date of Event)
in Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	Unnamed	Bernice Elnora Shroll
Child's Place of Birth	Not Given	Twin Falls, Idaho
Mother's Name	Louise May Felton	Louisa May Felton

Subscribed and sworn to before me this 2nd day of August, 1962

Notary Public, residing at Nampa, Idaho
My commission expires June 8, 1966
(Seal)

Signed Louisa May Shroll
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.#1, Box 14A, Colton, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of August, 1962

Notary Public, residing at Nampa, Idaho
My commission expires June 8, 1966
(Seal)

Signed Grace Shroll
(Signature of Any Credible Person)

208 Nectarine Str, Nampa, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1-26-62. one copy pd. rec. #5958.

Photo Copy of Own Child's Birth Cert., State of South Dakota, birth no. 140-000692. gives full name of child as David Gary Ventling, born Jan. 21, 1949 at Deadwood, South Dakota to Walter William Ventling and Bernice Elnora Shroll, age 34, born Twin Falls, Idaho - viewed by V.S.

Family Record, Book, 1741 to 1962, written Nov. 13, 1956 gives full names as Ernest Thomas Shroll, born Feb. 26, 1886 in Bon Homme County, South Dakota - married Louisa Felton, on Nov. 9, 1910 - gives one child's full name as Bernice Elnora Shroll, born Oct. 21, 1913 at Twin Falls, Idaho - now Mrs. Walter Ventling of Buffalo, Wyo. - viewed by V.S.

697.213.042-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 16264

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD ALTA CLARA WIXOM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Oct (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Moroni E Wixom	FULL MAIDEN NAME	Nina B Burk
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J O Boyd

M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Idaho

Filed 10-15 1913 John H. Gugleen

Registrar

Registrar

S-Y CO. 20172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.

STATE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 16264
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Wixom (Name on original certificate) who born (Was born or died) on 10-13-1912 (Date of event)
in Rock Creek, Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on Dec 27, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
name	Omitted Wixon	Alta Clara Wixom
First name of father	Marion Wixon	Moroni Wixom

Subscribed and sworn to before me this 27
day of Dec., 1941
Russ M. Williams
Notary Public, residing at Twin Falls, Idaho
My commission expires June 15-1943
[SEAL]

Signed Moroni Wixom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
354-4th Ave W. Twin Falls, Ida
(Street Address, City, State)
c/o Bessie Slater

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

N 26 194

JUN 18 1943

386124·02

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 16265

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Loyd Malvin Thorp.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lenard Thorp.	FULL MAIDEN NAME	Mabel Compton
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Washington
OCCUPATION	Liveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 24, 1913 at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Troy Idaho

Filed Oct 25 1913 C V Johnson
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. M-G-23m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 18 1941

File No. _____

Registered No. _____

PLACE OF BIR[redacted]

County of _____

632-22-029-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 16266

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Sigvard Olson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 22 1913

FATHER

FULL NAME Ole Olson

RESIDENCE Troy Idaho

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Sweden

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Lena Granley

RESIDENCE Troy

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Norway

OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 22 1913, at 3 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Olson

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 27 1913 C. V. Johnson

Registrar

S-Y CO. 20174

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

331-206-029-612

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 16267

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Inez Naomi Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 6 1913

FATHER

FULL NAME: Mathew E. Clark

RESIDENCE: Troy Idaho

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Section Foreman

MOTHER

FULL MAIDEN NAME: Lilly B. Oakes

RESIDENCE: Troy Ida

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct 6 1913, at 10.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Johnson

Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 6 19 13 C. V. Johnson
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 51-C—20m-8-40

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

375-115-029-396 (Be sure the information is complete and accurate)

State File No. 16268
Local Reg. No.
Reg. Dist. No. 64

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 12/31/73

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Troy
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): John b. (Middle): William c. (Last): Clemm

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Sept. (Day) 15, (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): Walter b. (Middle): c. (Last): Clemm

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ill.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Gladys b. (Middle): c. (Last): Trout

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Troy, Ida.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. W. Olson, Physician
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Troy, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Sept. 15, 1913
22. REGISTRAR'S SIGNATURE: C. V. Johnson
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 4:45 AM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

DECEASED 11-22-03 ID 03-8820

CERTIFIED COPY OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 16268

County of Latah } Date Filed DEC 6 11 50 AM '73

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for James Walter Clem (Name on Original Certificate) who was born (Was Born or Died) on Sept. 15, 1913 (Date of Event)

in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by by Mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	James Walter Clem	John William Clemm
Father's last name	Clem	Clemm

Subscribed and sworn to before me this 30 day of November, 1973

Notary Public, residing at Troy Idaho

My commission expires August 1, 1977

(Seal)

Signed Glydas [illegible] (mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Troy Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Latah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Nov., 1973

Notary Public, residing at NOTARY PUBLIC, State of Idaho

My commission expires Residing at Troy Idaho

(Seal) My commission expires August 1, 1977

Signed Margaret Vormsberg

(Signature of Any Credible Person)

Troy Idaho 83871

(Street Address, City, State)

(Older Sister)

CL 8/28/73

FORM DH 60-155

Cradle Roll from Bethal Sunday School certified that John Wm. Clemm. Transforred to Beginner's Dept. dated July 7, 1917. Viewed by V. S.

Application to National Service Life Insurance Co. Gives name as John William Clemm. Born 9/15, 1913 at Troy, Idaho. DatedOct. 9, 1952. Viewed by V. S.

261-126-003-217

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. 16269

Primary Registration District No. 2046

Registered No. 261

FULL NAME OF CHILD Grant Odell Boam

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Sept, 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Boam	FULL MAIDEN NAME	Eileen Bagley
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake City. Ut.	BIRTHPLACE	Murry, Ut.
OCCUPATION	Black-smith	OCCUPATION	House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 9 pm on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

[signature] Registrar

Address Downey, Idaho.

Filed Nov 10, 1913 [signature] Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

NOV 8 1962

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

389-[illegible]-819

PLACE OF BIRTH

[redacted]

County of Bannock

City of Downey Idaho

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16270

Primary Registration District No. 2046 Registered No. 262

FULL NAME OF CHILD Cora Christainsen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Oct, 6, 1913

FATHER	MOTHER
FULL NAME Moses Christainsen	FULL MAIDEN NAME Mary Hartvigsen
RESIDENCE Downey Idaho	RESIDENCE Downey, Idaho
COLOR White AGE AT LAST BIRTHDAY 36 (Years)	COLOR white AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Hyrum, Ut.	BIRTHPLACE Hyrum, Ut.
OCCUPATION Farmer	OCCUPATION House-wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul Md.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Downey, Idaho.

Eric Kaerley Registrar

Filed Nov 10, 1913 Eric Kaerley Registrar

S-Y CO., 16670

APR 29 1969

CERTIFICATE OF BIRTH

363.129.603-234

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey — Registration District No. 11 — File No. 16271

No. ____ St. — Primary Registration District No. 2046 — Registered No. 260

Hospital ____

FULL NAME OF CHILD Albert Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Oct. (Month) 29 (Day) 3 191 (Year)

FATHER		MOTHER	
FULL NAME	Walter Chas. Cole	FULL MAIDEN NAME	Maria Stuki
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Logan Ut.	BIRTHPLACE	Paris , Idaho,
OCCUPATION	Salesman	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

(Signature) [signature] M.D.
(Physician or midwife)

Address Downey Idaho.

____ 19____ [signature] Registrar

Filed Nov 19, 1913 [signature] Registrar

S-Y CO. 84655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 12 1934

PLACE OF BIRTH

REGISTRY

155-224-003-219

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

Registration District No. 11 File No. 16272

Primary Registration District No. 2046 Registered No. 274

FULL NAME OF CHILD Edith Barnes Josey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jas. A Jensen	FULL MAIDEN NAME	Martha Barnes
RESIDENCE	Downey Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Hyrum, Ut.	BIRTHPLACE	Kaysville Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ford Jr.
(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida.

Filed Nov 12 1913 Eric Kacey
Registrar

Eric Kacey
Registrar

S-Y CO. 24686

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-147-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

File No. 16273

Primary Registration District No. 2046

Registered No. 273

FULL NAME OF CHILD Leo Jno. Wilding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jno. A Wilding	FULL MAIDEN NAME	Eliza Ann Barnes
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Salt Lake City, Ut	BIRTHPLACE	Downey Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Ida

Filed Nov 10, 1913

Elis Kaiser
Registrar

Elis Kaiser
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 -167765

Amended 2/6/52

PLACE OF BIRTH

386-115-003-296

County of Bannock

City of Downey

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16274

Primary Registration District No. 2046 Registered No. 272

FULL NAME OF CHILD ELMER JOHN THOMAS
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	OCT. 15, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Elias Thomas	Persis Amanda Brown
RESIDENCE	Downey, Idaho	Downey, Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Scofield, Utah	South Cottonwood, Ut.
OCCUPATION	farmer	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Pond, M.D.
(Physician or midwife)

Address Downey, Idaho

Give names added from a supplemental report.

....., 192.....
Registrar.

Filed Nov. 19 1913 Ellis Kackley
Registrar.

FEB 6 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho / Utah } ss.
County of Bannock / Utah }

Certificate No. 16274

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of October 15, 1912 (Birth ~~or Death~~)
for Ellis Thomas (Name on Original Certificate) who Oct. 15, 1913 (Was Born ~~or Died~~) on Oct. 15, 1913 (Date of Event)
in Virginia, Bannock County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date of Birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ellis Thomas	Elmer John Thomas

Subscribed and sworn to before me this 2nd day of February, 1952.
Notary Public, residing at Provo, Utah
My commission expires
(Seal)

Signed Cursis B. Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Utah } ss.

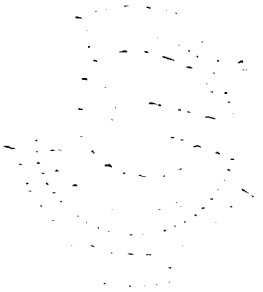
[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

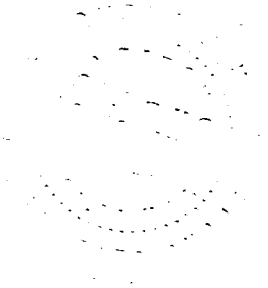
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of Feb, 1952.
Notary Public, residing at Provo, Utah
My commission expires
(Seal)

Signed E. LaVon Thomas
(Signature of Any Credible Person)
177 E 4 N
Provo, Utah
(Street Address, City, State)

FORM DPH - 51117





389-123-003-667

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 16275

No. ..... St.

Primary Registration District No. 2046 Registered No. 271

Hospital Keith Donovan

FULL NAME OF CHILD Baby Christensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Christensen	FULL MAIDEN NAME	Synthia Helen Fox
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark ~~Farmer~~	BIRTHPLACE	Downey, Ida ~~Housewife~~
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Downey, Ida

Filed Nov 14 1913 Eric Kanny
Registrar

Eric Kanny
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

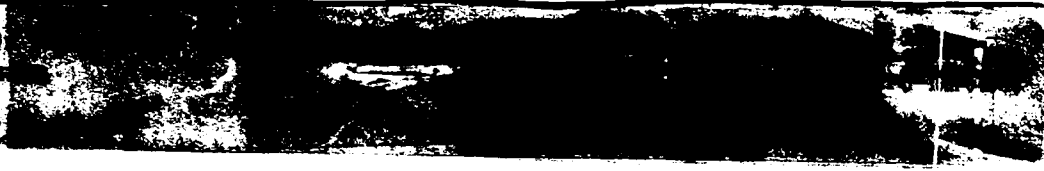
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

FEB 17 1953



236-2

PLACE OF BI[redacted]

County of Ba[redacted]

City of Downey

Registration District No. 11

File No. 16276

No. ____, ____ St.

Primary Registration District No. 2046

Registered No. 270

Hospital ____

FULL NAME OF CHILD Hannah Elizabeth Stoddard

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Oct (Day) 19 (Year) 1913
f		yes	

FATHER		MOTHER	
FULL NAME	Wm Henry Stoddard	FULL MAIDEN NAME	~~Katherine~~ Catherine Coffin
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Richmond Ak	BIRTHPLACE	Downey, Ida
OCCUPATION	~~Housetarmer~~	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Ford M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Downey, Ida

Filed Nov 10, 1913 Eric Kaley

Registrar

Eric Kaley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO)
County of LEMHI) ss

DEPARTMENT OF PUBLIC WELFARE
Division of Public Health
Bureau of Vital Statistics

AFFIDAVITS FOR CORRECTION OF A RECORD

State File No. 16076

(Mrs.) Catherine C. Stoddard of Salmon, Idaho
(Name of Affiant) (Address)

being first duly sworn, deposes and says that ~~he~~ she is Mother
(If related, specify degree-if friend or otherwise, so state)

Hannah Elizabeth Stoddard ~~who was born~~ October 19, 1913 in the city
~~male child~~

Downey, County of Bannock, on the 19 day of October 1913

stated in a certificate of ~~birth~~ death filed by Casper W. Pond, M. D. with the Local
(Name of physician or mid-wife for birth, undertaker for death)

Registrar for the city of Downey, County of Bannock, Idaho on the 10 day

November 1913.

That the following facts set forth in said certificate are not correctly stated therein, viz: Date of birth should be set forth as October 19, 1913 in lieu of October 23, 1913.

Also, name of mother should be "Catherine" Coffin in lieu of "Katherine" Coffin.

That affiant upon ~~his~~ her own knowledge states the true facts to be, and the changes necessary to make the record correct are, as follows: The date of birth given by Dr. Pond at time birth certificate was filed is erroneous and should be changed to October 19, 1913. Also, the spelling of the name "Katherine" Coffin, mother of Hannah Elizabeth Stoddard, should be changed to "Catherine" Coffin.

(SEAL)

(Affiant) Catherine C. Stoddard
(Mrs.) CATHERINE C. STODDARD
(ADDRESS) Salmon, Idaho

Subscribed and sworn to before me this 7th day of July, 1939.

NOV 24 1967

APR 20 1964

May B Dempsey
Notary Public

STATE OF Idaho)
County of Lemhi) ss

My commission expires April 25th, 1941

962-214-003-962

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15

Registration District No. 11

File No. 16277

Primary Registration District No. 2046

Registered No. 269

FULL NAME OF CHILD Rhea Nola Robinson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	Oct 14, 1913

FATHER		MOTHER	
FULL NAME	Thomas A. Robinson	FULL MAIDEN NAME	Nettie Robinson
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Richmond, Ut.	BIRTHPLACE	Richmond, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond, M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Downey, Ida

Eric Kacey

Registrar

Filed Nov 19, 1913 Eric Kacey

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK

N. B. In case of more than one child at birth, a [illegible] of each [illegible]

APR 2 1951

MAR 15 1951

289-113-003-65L

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16278

No. ____, ____ St.

Hospital ____

Primary Registration District No. 2046

Registered No. 268

FULL NAME OF CHILD Baby Byington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	13, 1913

FATHER

FULL NAME Stephen Willard Byington

RESIDENCE Downey, Idaho.

COLOR W

AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Downey, Idaho.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leretta West

RESIDENCE Downey, Idaho

COLOR W

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Logan, Utah.

OCCUPATION Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 M. on the date above stated.

(Signature) [signature]

(Physician or Midwife)

Address Downey, Idaho.

Filed Mar 19, 1913

[signature]
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

[signature]
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR RECORD

WRITE PLAINLY, WITH UNFADING INK—T

N. B. In case of more than one child at birth, a SEPARATE R... of each, in order of birth

BIRTH

Registered No.

666-106-003-747

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16279

No. ....., ... St.

Primary Registration District No. 2046

Registered No. 267

Hospital

FULL NAME OF CHILD Daniel Raymond Woods

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 6, 1913

FATHER		MOTHER	
FULL NAME	William Woods	FULL MAIDEN NAME	Elizabeth ~~Al~~ Pugh
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Wakeville, Ill.	BIRTHPLACE	Olney, Ill.
OCCUPATION	Merchant	OCCUPATION	House-wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Paul Md

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Idaho.

Eric Kacky Registrar

Filed Nov. 10, 1913 Eric Kacky Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

cc 3/31/41 PMF

855-208'003-494

PLACE OF BIRTH Amended 6/30/75

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Bannock

City of Downey

No. ....., ... St.

Hospital .....

Registration District No. 11

File No. 16280

Primary Registration District No. 2046

Registered No. 266

FULL NAME OF CHILD Jone Henderson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		Yes	Oct. 8, 1913

FATHER		MOTHER	
FULL NAME	James Henry Henderson	FULL MAIDEN NAME	Ruth Drury
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Swan Lake, Idaho	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19..

Address Downey, Idaho

Filed Nov 16, 1913

[signature] Registrar

[signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

RECEIVED
VITAL STATISTICS
BUREAU OF
11 AM '75

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16280

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rona Henderson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1913 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Rona	Ione

Subscribed and sworn to before me this 11 day of
March, 19 75
Notary Public, residing at Downey
My commission expires 11-1-76
(Seal)

Signed Ruth Henderson (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Downey Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of
March, 19 76
Notary Public, residing at Downey
My commission expires 11-1-76
(Seal)

Signed Collen Olsen
(Signature of Any Credible Person)
Downey Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/4/75 nm

Own child's birth certif on file in Idaho gives name as Donna Mae Burton born march 3, 1934 at Downey, Idaho. Father's name as Donald S. Burton and mother's nameas Ione Henderson. viewed by V. S.

JUN 3 0 1975

Membership record in the Mormon church gives name as Ione Burton born Oct. 8, 1913 at Downey, Idaho. father's name as Jmaes Henry Henderson and mother's name as Emmaline Ruth Drury. Blessed Dec. 2, 1913 and Baptized Nov. 5, 1921. viewed by VS

269-105-003-867

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16281

No. ____, ____ St.

Primary Registration District No. 2046

Registered No. 265

Hospital ____

FULL NAME OF CHILD Ron Hope Sorenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Oct 5, 19[illegible]

FATHER	MOTHER
FULL NAME: Lewis Oliver Sorenson	FULL MAIDEN NAME: Fannie Hope
RESIDENCE: Downey, Idaho.	RESIDENCE: Downey, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Richmond, Ut.	BIRTHPLACE: Richmond, Ut.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Downey, Idaho.

Filed Nov. 10, 19 13

[signature] Registrar

[signature] Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 3 1970

134-106-003-134

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ....., ... St.

Hospital .....

Registration District No. 11

File No. 16282

Primary Registration District No. 2046

Registered No. 264

FULL NAME OF CHILD Edgar Aldous

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		Yes	Oct (Month), 6 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sidney Edgar Aldous	FULL MAIDEN NAME	Ethel Aldous
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Huntsville Utah	BIRTHPLACE	Downey, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caspar W Pandorf

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Downey, Idaho

Eric Kaney
Registrar

Filed Nov 10, 1913 Eric Kaney
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

652-206-003-318

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16283
Local Reg. No.
Reg. Dist. No. 11

Amended 3/30/77

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elizabeth
b. (Middle): L.
c. (Last): Webb

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct 6, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Geo.
b. (Middle): Edwin
c. (Last): Webb

8. AGE (At time of this birth): 47 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kaysville, Ut.
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ella
b. (Middle):
c. (Last): Layton

13. AGE (At time of this birth): 40 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Layton, Ut.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 8
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Downey, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Nov 10, 1913
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
TIME: 11 AM

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 16283

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Katherine Webb (Name on Original Certificate) who was born (Was Born or Died) on October 6, 1913 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Katherine Webb	Elizabeth Layton Webb

Subscribed and sworn to before me this 7th day of March, 1977.

Notary Public, residing at Boise, Idaho
My commission expires lifetime
(Seal)

Signed Edmund L. Webb
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

201 No. Randolph Ave.
(Street Address, City, State)
Malba, Idaho.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

brother, in office 3/7/77 Rush

Certif of Baptism and Confirmation from the LDS Church gives name as Elizabeth L. Webb daughter of George E. Webb and Ella Wease Layton. Oct 6, 1913 in Downey, Idaho. Baptized Nov 6, 1921. viewed by V. S.

Certif of Birth from the LDS Church gives name as Elizabeth L. Webb born Oct 6, 1913 at Woodland Ward, Downey, Idaho. father's name as George E. Webb and mother's name as Ella Wease Layton. entered on record Oct 26, 1913. viewed by V. S.

689-115-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Robin

Registration District No. 11

File No. 16284

No. ..... St.

Primary Registration District No. 2046

Registered No. 287

Hospital

FULL NAME OF CHILD Forres Butterfield Whiting

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 15 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Forres Whiting	FULL MAIDEN NAME	Margrey Butterfield
RESIDENCE	Crystal, Idaho.	RESIDENCE	Crystal, Idaho.
COLOR	AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Address Robin Bannock Co. Ida

Given names added from a supplemental report

..... 19....

Ellis Kacey
Registrar

Filed Nov 19 1918 Ellis Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 20 1942

CERTIFICATE OF BIRTH

PLACE OF BIRTH

132-105:003-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 16285

Primary Registration District No. 2048 Registered No. 258

FULL NAME OF CHILD Geo Albright

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	yes	Nov 5, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo Albright	FULL MAIDEN NAME	Mabel Nanny
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Unfr

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 6 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis K Carey

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Soda Springs

Ellis K Carey Registrar

Filed Nov 10, 1913 Ellis K Carey Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

DUP OF 13-31486

213-208·003-389

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16286

Primary Registration District No. 2048 Registered No. 237

FULL NAME OF CHILD Silvia Lamb Ball

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—		—	Yes	Nov. 8, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Ball	FULL MAIDEN NAME	Maud Christensen
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eric Hansen

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Soda Springs

Eric Hansen Registrar

Filed Nov 10, 1913 Eric Hansen Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

SEP 24 1963

396-110-003.271

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bank

City of Thatcher

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16287

Primary Registration District No. 2048 Registered No. 259

FULL NAME OF CHILD James Crosley

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
m	–		–	yes	Nov 10, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Crosley	FULL MAIDEN NAME	Mary Spackman
RESIDENCE	Thatcher	RESIDENCE	Thatcher
COLOR	n	COLOR	m
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 4 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Eli's 10 a cy

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Eli's 10 a cy Registrar

Address Sida Springs

Filed Nov 10 1913 Eli's 10 a cy Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V.S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

753-114-003-805

Form V. S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago Idaho

No. ..... St.

Registration District No. 11 File No. 16288

Primary Registration District No. 2048 Registered No. 2 sc

Hospital .....

FULL NAME OF CHILD Christen Peterssen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Oct 14 1913

FATHER		MOTHER	
FULL NAME	Chriss Peatersson	FULL MAIDEN NAME	Dena Hansen
RESIDENCE	Thatcher Idaho	RESIDENCE	Thatcher Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years) 1913	AGE AT LAST BIRTHDAY	29 (Years) 1913
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
*OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:30 p. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner
(Physician or midwife)

Address Lago Idaho

Given names added from a supplemental report

..... 19.....

Eva McCarty
Registrar

Filed Nov 10, 1913 Eva McCarty
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-229-003-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock Co

City of Lago Idaho

Registration District No. 11 File No. 16289

No. ..... St.

Primary Registration District No. 2048 Registered No. 281

Hospital .....

FULL NAME OF CHILD Beatrice Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	29 of aug 1913

FATHER		MOTHER	
FULL NAME	Thomas Bennett	FULL MAIDEN NAME	Effie fowler
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	whit AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years) 1913
BIRTHPLACE	Idaho	BIRTHPLACE	Lago Idaho
OCCUPATION	farmer	OCCUPATION	wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 6 M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary a Turner

(~~Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Lago Idaho

Eric Kacey
Registrar

Filed Nov 10, 1913

Eric Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 6 1975

453-224003-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago Idaho

Registration District No. 11 File No. 16290

No. ..... St.

Primary Registration District No. 2048 Registered No. 282

Hospital .....

FULL NAME OF CHILD Louisa Mecham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	8-29-1913 (Month) aug (Day) 29 (Year)

FATHER		MOTHER	
FULL NAME	Edward Mecham	FULL MAIDEN NAME	July Haymes
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years) 1913	AGE AT LAST BIRTHDAY	32 (Years) 1913
BIRTHPLACE	Utaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

Lago Idaho (~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Lago Idaho

Eris Kasey Registrar

Filed Nov 10, 1913 Eris Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 448077

955-228-003-[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

Primary Registration District No. 2048

File No. 16292

Registered No. 288

FULL NAME OF CHILD Evelyn Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	Oct 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas E Reese	Emma Sessions
RESIDENCE	Chesterfield	Chesterfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farming	wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Smith

(Physician or midwife)

Address Bancroft Idaho

Given names added from a supplemental report

____ 19____

Eric Casey
Registrar

Filed Nov 10 1913

Eric Casey
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME CHANGE

DUP OF 1913-181727 Name change

235.202.003-949

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Bannock

City of Lago Idaho

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16293

Primary Registration District No. 2048 Registered No. 283

FULL NAME OF CHILD Nellie Stephens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	10 - 2 - 1913 (Month) Oct (Day) 2 (Year)

FATHER		MOTHER	
FULL NAME	Charles Stephensons	FULL MAIDEN NAME	Nellie Ruid
RESIDENCE	Niter Idaho	RESIDENCE	Niter Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years) 1913	AGE AT LAST BIRTHDAY	22 (Years) 1913
BIRTHPLACE	Utah	BIRTHPLACE	Lago Idaho
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 7 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary A Turner

_____ (~~Physician~~ or midwife)

Given names added from a supplemental report

_____ 19__

Address Lago Idaho

Eric Kacey
Registrar

Filed Nov 10, 1913 Eric Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

993-123-003-694

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bank

City of Grace

Registration District No. 11 File No. 16294

No. ..... St.

Primary Registration District No. 2C48 Registered No. 278

Hospital

FULL NAME OF CHILD Thomas Wm. Rich.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 23 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Chas. C. Rich.	FULL MAIDEN NAME	Ruth Ormond
RESIDENCE	Grace - Idaho	RESIDENCE	Grace ~~Ruth Ormond~~ Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grace

Ellis Kacey Registrar

Filed Nov 10, 1913 Ellis Kacey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-O—Rev-6-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

215-229-603-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bank

City of Grace

Registration District No. 11 File No. 16295

No. ..... St.

Primary Registration District No. 2048 Registered No. 276

Hospital Jane

FULL NAME OF CHILD Baby Sant

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Tracey Sant	FULL MAIDEN NAME	Viola Smith
RESIDENCE	Niter - Idaho	RESIDENCE	Niter - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	~~Hauler~~ Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth #7 Number of children of this mother now living, including present birth 67

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Hubbard
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grace

Eris Kacey
Registrar

Filed Nov 10, 1913 Eris Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County [illegible]

312-231-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bank

City of Niter

Registration District No. 11 File No. 16296

No. St.

Primary Registration District No. 2048 Registered No. 277

Hospital Martha

FULL NAME OF CHILD ~~Baby~~ Casperson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Oct 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard Ephriam Casperson.	FULL MAIDEN NAME	Mabel Hansen
RESIDENCE	Niter, Idaho.	RESIDENCE	Niter ~~Mabel Hansen~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grace

Eric Kacley
Registrar

Filed Nov 10, 1913 Eric Kacley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

155-116-003-253

PLACE OF BIRTH Amended 7/30/79

STATE OF IDAHO — Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey — Registration District No. 11 — File No. 16207

No. ____, ____ St. — Primary Registration District No. 2047 — Registered No. 290

Hospital ____

FULL NAME OF CHILD Leland Avery

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	/	2	yes	Sept 16, 1913

FATHER		MOTHER	
FULL NAME	Jesse E Avery	FULL MAIDEN NAME	Emma Bell
RESIDENCE	Dempsey Ida	RESIDENCE	Dempsey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

(Signature) Amy Toone

midwife

(Physician or Midwife)

Address Dempsey Idaho

Filed Nov 6, 1913 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
Amended 7/30/79

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 21 9 12 AM '79

State of ..... } ss.
County of ..... }

Certificate No. 16297

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jesse Avery (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1913 (Date of Event)
in Dempsey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Jesse Avery	Leland Avery
father's last name	Avory	Avery

Subscribed and sworn to before me this 19th day of June, 19 79

Notary Public, residing at Lava Hot Springs

My commission expires May 31, 1982

(Seal)

Signed Leland Avery
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lava Hot Springs Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 19 79

Notary Public, residing at Lava Hot Springs Id

My commission expires May 31 1982

(Seal)

Signed Clifton Roberts
(Signature of Any Credible Person)

Lava Hot Springs Id
(Street Address, City, State)

83246

FORM DH 60-155

CL 10/23/74 NM

Certif of Ordination to the Holy Priesthood gives name a Leland Avery ordiened an Elder on March 29, 1936; father's nameas Jesse Eugene Avery and mother's name as Emma Bell. born AT Lava Hot Springs, Idho born Sept 16, 1913. viewed by V. V.

JUL 30 1979

Marrige Certif from Utah gives names as Leland Avery and Elsie Maxine Croney. date May6, 1926. viewed by V. S.

214-120-003-855

PLACE OF BIRTH

STATE OF IDAHO

Form U. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

Registration District No. 11

File No. 16298

No. ....., ... St.

Primary Registration District No. 2047

Registered No. ~~290~~ 289

Hospital .....

FULL NAME OF CHILD Alvin Henry Saxnderson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Boy	1	3	Yes	June 20, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred Saxnderson	FULL MAIDEN NAME	Mary Hensen
RESIDENCE	Dempsey	RESIDENCE	Dempsey
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labror	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Amy Toone

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Dempsey, Idaho

..... 19.....

Elis Kacy Registrar

Filed Nov. 14 1913 Elis Kacy Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1913-304310

569-102-003-392

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 16299

No. ..... St.

Primary Registration District No. 2047 Registered No. 285

Hospital GEORGE ALANSON

FULL NAME OF CHILD ~~John~~ Norton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lemuel Norton	FULL MAIDEN NAME	Olive May Lish
RESIDENCE	McCammon 30	RESIDENCE	McCammon
COLOR	White AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Albion Idaho
OCCUPATION	Laborer	OCCUPATION	Laborers Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address McCammon Idaho

Ellis Kardy Registrar

Filed Nov. 19 1913 Ellis Kardy Registrar

R-Y CO. 80174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE O
BUREAU OF VIT

CERTIFICAT

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of UTAH } ss.
County of SALT LAKE }

Certificate No. 16299

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for John Norton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 2, 1903 (DATE OF EVENT)
in McCammon, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by L D S Church record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 2, 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John	George Alanson Norton

Subscribed and sworn to before me this 16th
day of December, 19 42

E Ellen M Stewart
Notary Public, residing at So. Salt Lake, Ut.
My commission expires
(SEAL)

Signed George Alanson Norton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
2859 So. StateSt., South Salt Lake, Utah.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on 1942 By
(REGISTRAR'S SIGNATURE)

DEC 23 1942

885-207-005-219

PLACE OF BIRTH

Form V. S. No. 15-S—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

Registration District No. 11 File No. 16300

Primary Registration District No. 2047 Registered No. 286

FULL NAME OF CHILD Lenny Merlel Hansen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female				Yes	Oct.	7	1913

FATHER		MOTHER	
FULL NAME	Amefiah Hansen	FULL MAIDEN NAME	Mimie Bailey
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Franklin Idaho	BIRTHPLACE	Portage Utah
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

midwife
(Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kacy
Registrar

Filed Nov. 10, 1913 Ellis Kacy
Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of Bonner)

DUP OF 1913 - 390213

N HANSON

362-124-003-573

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16301
Local Reg. No.
Reg. Dist. No. 11

Amended 6/27/78

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey,
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Dempsey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lorin
b. (Middle): Leon
c. (Last): Coburn

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): May 24, 1913

FATHER OF CHILD

Time: 11:00 AM

7. FULL NAME
a. (First): Frederick
b. (Middle):
c. (Last): Coburn

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Emma
b. (Middle):
c. (Last): Egley

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Amy Toone
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____
19. ADDRESS: Dempsey, Ida.
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: Nov. 10, 1913
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

USE ONLY BLACK INK OR TYPEWRITER RIBBON IN COMPLETING THIS CERTIFICATE. AND WHEN FILED MUST BE SIGNED BY LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. MAY 23 9 37 AM '78

Certificate No. 16301

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Loran Leon Coburn (Name on Original Certificate) who was born on July 6, 1913 (Was Born or Died) (Date of Event)

in Dempsey (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Loran	Lorin
Father's first name	Fred Coburn	Frederick A.
Number in order of birth	3	4
Age of mother	24	28

Subscribed and sworn to before me this 19 day of May, 19 78.

Notary Public, residing at Logan Ut

My commission expires 6-20-80

(Seal)

Signed Loran Leon Coburn

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD #1 Logan Utah 84321

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of May, 19 78.

Notary Public, residing at Logan Ut

My commission expires 6-20-80

(Seal)

Signed Lila C. Nielsen (Sister)

(Signature of Any Credible Person) age 71

RFD #1 Box 134A Logan Utah

(Street Address, City, State)

	from:	to:
FORM DH 60-155 Birthplace of mother	Utah	Idaho
Date of birth	July 6, 1913	May 24, 1913

Family record gives name as Lorin Leon Coburn son of Emma E. Coburn and Frederick Cainley. born May May 24, 1913 at Dempsey, Idaho. Blessed July 6,1913. Baptized June 4, 1921. viewed by V. S.

Application from Provident Mutual Life Insuance Co of Philadelphia. gives name as Lorin Leon Coburn. born May 24, 1913. at Dempsey, Idaho. application dated Oct 31, 1963. viewed by V. S.

PLACE OF BIRTH AMENDED JUNE 21, 1954

265-220 003 465

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ____ St.

Registration District No. 11 File No. 16302

Hospital ____ Primary Registration District No. 204 Registered No. 279

FULL NAME OF CHILD Florence Maria Bond
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)		2	Yes	Sept. 20, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Fred Bond	FULL MAIDEN NAME: Clara Monroe
RESIDENCE: Dempsey, Idaho	RESIDENCE: Dempsey, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: St. Louis, Mo.	BIRTHPLACE: Idaho
OCCUPATION: Merchant	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

Ellis Kauby
Registrar.

(Signature) Amy L. Toone

Midwife
(Physician or midwife)

Address Dempsey, Idaho

Filed Nov. 10, 1913 Ellis Kauby
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 16302
Date Filed 11/10/13

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Florance Maria Bond (Name on Original Certificate) who was born (Was Born or Died) on Sept 20, 1913 (Date of Event) in Halls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Cert of Blessing (Bible Record, Insurance Policy, Etc.) prepared on Dec 7, 1913 (Give Date) (viewed by O. P.), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
City of Birth	Halls	Dempsey
Name	Florance	Florence
Mothers Name	Munroe	Monroe

Subscribed and sworn to before me this 18th day of June, 19[illegible]

Notary Public, residing at Boise
My commission expires
(Seal)

Signed Mrs. W. C. Stine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

407 - 19th ave So. Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

319-225-001-959

[redacted]PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho Registration District No. 8 File No. 16303

No. Franklin School Dist. Primary Registration District No. 2004 Registered No. 28

Hospital

FULL NAME OF CHILD Helen Cavis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred L. Cavis	FULL MAIDEN NAME	Fern Reid
RESIDENCE	Franklin School Dist	RESIDENCE	Franklin School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Civil Service U.S. R.S.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913 M S Parker

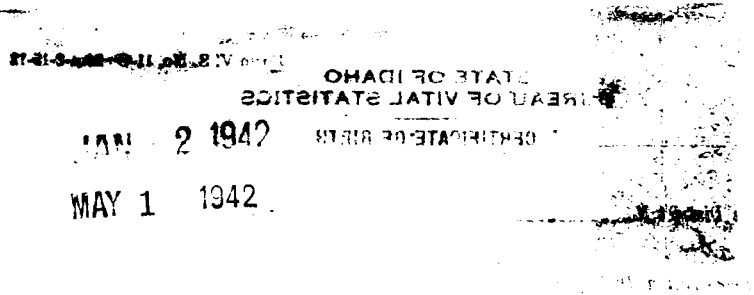
Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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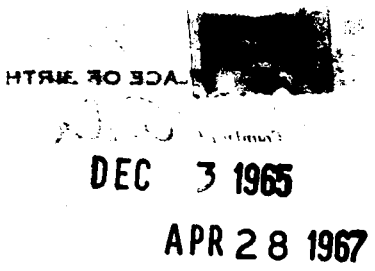
MAY 1 1942


DEC 3 1965
APR 28 1967

469-20801-249

PLACE OF BIRTH

Amended Mar. 18, 1955

County of Ada

City of Boise, Idaho

No. Wylie Station St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 16304

Primary Registration District No. 2004 Registered No. 29

FULL NAME OF CHILD MARY E. MORRIS
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 8 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

FATHER		MOTHER	
FULL NAME	James B. Morris	FULL MAIDEN NAME	Caroline E. Kurtz
RESIDENCE	Wylie Station	RESIDENCE	Wylie Station
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 10-15 1913 M. S. Parker Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 16304

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marie E. Morris (Name on Original Certificate) who was born (Was Born or Died) on Oct. 8, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Marie	Mary

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed James Morris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 1, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19[illegible] Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of March, 1955

Notary Public, residing at Boise, Idaho
My commission expires August 14, 1956
(Seal)

Signed Mary E. Denney
(Signature of Any Credible Person)
2315 Madison, Boise, Idaho
(Street Address, City, State)

DPH 52.155

133-2301001-385

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 8

File No. 16305

No. Near Franklin School

Primary Registration District No. 2004

Registered No. 30

Hospital

FULL NAME OF CHILD Mildred Leora Allen

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Sept. 30th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. E. Allen	FULL MAIDEN NAME	Ida Clara Cheesbro
RESIDENCE	Ola, Idaho	RESIDENCE	Ola, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Boise, Idaho

, 19

Filed 10-2 1913 M S Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1113-702:001-437

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Dry Creek St.

Hospital

Registration District No. 8 File No. 16306

Primary Registration District No. 2004 Registered No. 31

FULL NAME OF CHILD ~~Baby~~ MELVIN ROBERT Daly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and ~~Number~~ Order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10-2-7 1913

FATHER		MOTHER	
FULL NAME	James L. Daly	FULL MAIDEN NAME	Daisy McGinnis
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) x James L Daly

(Physician or midwife)

Address Boise R.D. #3

Given names added from a supplemental report.

..... 19.....

Filed 10-15 1913 M.S. Parker

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Send to City Health Office
City Hall
Boise Idaho

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 16306

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Melvin Robert Daly (Birth or Death) for Birth (Name on Original Certificate) who born (Was Born or Died) on Oct. 2, 1913 (Date of Event) in Ada County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Melvin Robert Daly
Date of birth	Oct. 1, 1913	Oct. 2, 1913

Subscribed and sworn to before me this 11 day of May, 1942

Whitley M. Gray
Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943
(Seal)

Signed Mrs. Daisy Daly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Go Idaho City Stage Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of May, 1942

Whitley M. Gray
Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943
(Seal)

Signed James L Daly
(Signature of Any Credible Person Other Than Previous Year)

Go Idaho City Stage - Boise, Idaho
(Street Address, City, State)

MAY 1 1 1942

413-204-001-437

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Stewarts Gulch

Registration District No. 8

File No. 16307

Primary Registration District No. 2004

Registered No. 32

Hospital

FULL NAME OF CHILD Ella Maril Daly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	10 4 1913

FATHER		MOTHER	
FULL NAME	Chas M Daly	FULL MAIDEN NAME	Marie McGinnis
RESIDENCE	Stewarts Gulch	RESIDENCE	Stewarts Gulch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Daly

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 10-15 1913 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1970

City Health Office
City Hall
Boise, Id.

249-130-001-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Syringa Park - Maple Grove Sch Dist

No. R F D No II St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 16308

Registered No. 33

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Sept. 30 1913

FATHER		MOTHER	
FULL NAME	Harold T. Burdick.	FULL MAIDEN NAME	Pearl Baker
RESIDENCE	Syringa Park - Ada Co.	RESIDENCE	same -
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill
(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 10-15 1913 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

395-701-001-667

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

Registration District No. 8 File No. 16309

Not ½ mi North of Coleschool

Primary Registration District No. 2004 Registered No. 34

Hospital

FULL NAME OF CHILD MILFERD MATISON TINDLE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sep (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. Madison Tindle	FULL MAIDEN NAME	Matilda Fox
RESIDENCE	½ mi North of Coleschool	RESIDENCE	½ mi North of Coleschool
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. N. Braxton M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 509 Empire Bldg. Boise

Filed 10-2 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

K

MAY 28 1942

-993-214-001-393

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho Registration District No. 8 File No. 16310

No. Whitney School Dist

Primary Registration District No. 2004 Registered No. 35

Hospital

FULL NAME OF CHILD Dora Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm Richardson	FULL MAIDEN NAME	Mary Libley
RESIDENCE	Whitney School Dist.	RESIDENCE	Whitney School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	England
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-20 1913 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Own child's birth certificate, on file Idaho 200184, viewed by V.S.
Child born February 17, 1932.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 7 1964
Bureau of Vital Statistics

State of Oregon
County of Jackson } ss.

Certificate No. #16310

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~xxxxxxxxx~~ birth
(Birth or Death)
for Unnamed Richardson (Name on Original Certificate) who was born (Was Born or Died) on Oct 14, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Dora Richardson

Subscribed and sworn to before me this 2nd day of December, 1964.
Notary Public residing at Talent, Oregon
My commission expires November 11, 1967
(Seal)

Signed Floyd Thornbrough (husband)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Jackson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 1964
Notary Public residing at Talent, Oregon
My commission expires November 11, 1967
(Seal)

Signed Audrey Barnes
(Signature of Any Credible Person)
Rt 4 Box 431A Medford, Ore
(Street Address, City, State)

FORM DPH 56-155

1 copy paid

Photo Copy of Original Social Security Application, dated Nov. 7, 1944 gives full name as Dora Turnbaugh (married name) - full maiden name is given as Dora Richardson, born October 14, 1913 at Boise, Idaho to William Richardson and Mary Jane Lilly - #543-28-6496 - viewed by V.S.

JAN 1 1 1965

766-226.001-288 Dried

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Ada

City of 2½ mi West of Owyhee Registration District No. 8 File No. 16311

No. St. Primary Registration District No. 2004 Registered No. 36

Hospital

FULL NAME OF CHILD Shirley Juanita

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 26 1913

FATHER	MOTHER
FULL NAME: John R. Good.	FULL MAIDEN NAME: Helen Bryan
RESIDENCE: Ada Co. 2½ mi West of Owyhee.	RESIDENCE: Ada Co. 2½ mi West of Owyhee
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 14 (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Boise Idaho.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 26, 1913, at 2.45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas N. Braxton M.D.

(Physician or midwife)

Address 509 Empire Bldg. Boise, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 10-29 1913 M. L. Parker
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

(Usually)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-15-41

155-106-001-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 628 Fort St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16312

Primary Registration District No. 1004 Registered No. 327

FULL NAME OF CHILD Roderick Steven Avery

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	✓		✓	Yes	Oct 6 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy S. Avery	FULL MAIDEN NAME	Mary McDonald
RESIDENCE	628 Fort St	RESIDENCE	628 Fort St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Scotland
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:05 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. N. Tukey

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 10-15 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.No.11-0-500
STATE OF
BUREAU OF
CERTIFICATE OF BIRTH

386-107-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 325 Grove St.

Hospital

Registration District No. 2

File No. 16313

Primary Registration District No. 1004

Registered No. 328

FULL NAME OF CHILD Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Oct. 7 1913

FATHER		MOTHER	
FULL NAME	Chris Thomas	FULL MAIDEN NAME	Dora Smitchgar
RESIDENCE	325 Grove	RESIDENCE	325 Grove
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mich	BIRTHPLACE	Montana
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingy Ex

Physician (Physician or midwife)

Given names added from a supplemental report.

Address Falk Bldg.

19

Filed 10 - 15 1913

M S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of ..... Co.

251-701 ed. 385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

of Ada

City of Boise

No. ....., ... St.

Hospital St Lukes

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16314

Primary Registration District No. 1014 Registered No. 329

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Y	Oct 1 1913

FATHER		MOTHER	
FULL NAME	Philip R. Sears	FULL MAIDEN NAME	Clara Cheney
RESIDENCE	Jamieson Oregon	RESIDENCE	Jamieson - Ore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Mass.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glasse

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 10-15 1913 M. McParker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Form V. S. No. 11-C—10m-8-2

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

DUP OF 1913-361572

666103-001-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada.

City of Boise

No. 1310 State St.

Hospital Residence

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 16315

Primary Registration District No. 1004

Registered No. 330

FULL NAME OF CHILD Morton Alden Wood.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. — 3 — 1913

FATHER		MOTHER	
FULL NAME	Frank Melvin Wood.	FULL MAIDEN NAME	Vivian Josephine Brown
RESIDENCE	1310 State St.	RESIDENCE	1310 State St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebrask City Neb.	BIRTHPLACE	Longmont Colo.
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 - a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter S. Kingsbury D.O.

Physician (Physician or Midwife)

Given names added from a supplemental report

Address 220 Idaho Bldg.

Filed 10 - 15 1913 M S Parker

Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

689-~~104~~-001-444

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 1602 N 6 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16316

Primary Registration District No. 1004 Registered No. 331

FULL NAME OF CHILD ~~ARTHUR JAMES~~ Whitby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 4 1913

FATHER		MOTHER	
FULL NAME	Thomas H. Whitby	FULL MAIDEN NAME	Clara F. Drummond
RESIDENCE	1602 N 6th	RESIDENCE	1602 N 6th
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR~~ MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingill Jr

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salt Bldg

Filed 10-15 1913 M S Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1966

DEC 11 [illegible]

OCT 23 1952

219-10-3-201-469

-PLACE OF BIRTH

County of Ada

City of Boise

No. 424 So 10th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16317

Primary Registration District No. 1004 Registered No. 332

FULL NAME OF CHILD BERTRAND MAURICE Bartz

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	10 3 1913

FATHER	MOTHER
FULL NAME Wm E Bartz	FULL MAIDEN NAME Viola Morris
RESIDENCE 424 So 10th	RESIDENCE 424 So 10th
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Miss.
OCCUPATION Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A M on the date above stated.

(Signature) Fred A Pillsbury Jr

(Physician or midwife)

Address Talk Bldg

Filed 10-15 1913 M S Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life at birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

DO NOT RESERVED FOR BINDING
WITH UNFADING INK—THIS IS A PERMANENT RECORD

If more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

File No.

Registered No.

Name of child

Date of Birth (Month) (Day) 192 (Year)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Josephine } ss.

Certificate No. 16317
APR 10 1942
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for male child not named (Name on Original Certificate) who was born (Was Born or Died) on October 3, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by actual knowledge of mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Bartz	Bertrand Maurice Bartz

Subscribed and sworn to before me this 8th
day of April, 1942

Signed Viola Bartz Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Grants Pass, Ore.

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES JAN. 8, 1945

419 Bridge St., Grants Pass, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Josephine } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 8th
day of April, 19 42

Signed Lillie L. McBride
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Grants Pass, Oregon

367-32nd St., Ogden, Utah
(Street Address, City, State)

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) MY COMMISSION EXPIRES JAN. 8, 1945

JUL 2 1 1942

117-116-201-719

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 708 - Hays St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 16318

Registered No. 333

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	9-16-1913

FATHER		MOTHER	
FULL NAME	Chas. F. Payton	FULL MAIDEN NAME	Melba Parsons
RESIDENCE	708 - Hays St	RESIDENCE	708 Hays St.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Wisconsin
OCCUPATION	Mercantile Business	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm. F. Smith
(Physician or Midwife)

Address .....

Filed 10-1-1913 M. S. Parker
Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

466-120-00-339

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 531 Warm Sprs

Registration District No. 2

File No. 16319

Primary Registration District No. 1004

Registered No. 334

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Clinton W. Moore

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	9 20 1913

FATHER		MOTHER	
FULL NAME	Raymond H. Moore	FULL MAIDEN NAME	Estelle Clinton
RESIDENCE	531 Warm Sprs. Ave	RESIDENCE	531 Warm Sprs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Cashier in Bank	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. F. Smith (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address

Filed 10-15 1913 M S Parker Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

16320

County of ada

City of Boise

Registration District No. 2

File No. 341

No. ..... St.

Primary Registration District No. 1004

Registered No. 335

Hospital St. Alphonsus

FULL NAME OF CHILD ~~Edward Louis~~ Richard Merwin Silberstein

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		yes	Oct. 5, 1913

FATHER		MOTHER	
FULL NAME	Edward Louis Silberstein	FULL MAIDEN NAME	Mildred Olive Hanshaw
RESIDENCE	413 N. 16th St.	RESIDENCE	413 N. 16th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Portland Or.	BIRTHPLACE	Richmond Indiana
OCCUPATION	Window Trimmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory

M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address 204 Sonna Block Boise

Filed 10-15 1913 M S Parker

Registrar

S-Y CO., 16670

Registrar

234-213-004-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 708, McKinley St.

Hospital

Registration District No. 2

File No. 16321

Primary Registration District No. 1004

Registered No. 336

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Girl	✓	1	Yes	Oct 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A C Stuart	FULL MAIDEN NAME	Barbara Bauer
RESIDENCE	708 McKinley	RESIDENCE	708 McKinley
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION	Freeman.	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 31 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Forney, Boise

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address.....

Filed 10-15 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. B-C—(Rev. 6-1-11

755 215 [illegible] 349

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16322

No. ....., ... St.

Primary Registration District No. 1004

Registered No. 337

Hospital St. Alphonsus

FULL NAME OF CHILD Mildred Eileen Genoway

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	1		1	yes	Sep. 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. V. Genoway	FULL MAIDEN NAME	Helen Curran
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Cin Ohio	BIRTHPLACE	Montana
OCCUPATION	Physician	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sep 15/13 at 9.4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician ~~or Midwife~~)

Given name added from a supplemental report

....., 19.....

Address Boise, Idaho

Filed 10-2 19.... M S Parker

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

493-129-001-645

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2619 Idaho St.

Hospital

Registration District No. 2

File No. 16323

Primary Registration District No. 1004

Registered No. 338

FULL NAME OF CHILD Gene E. Micheal

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Sept 29 1915 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Erwin F. Micheal	FULL MAIDEN NAME	Goldie T. Funk
RESIDENCE	2619 Idaho	RESIDENCE	2619 Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kas
OCCUPATION	Driller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Turkey

Physician (Physician or midwife)

Address Boise

Given names added from a supplemental report

19

Filed 10-1 1913

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1941

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PLACE OF BIRTH

County of Ada

City of Boise

No 1920, N 19 St.

Hospital L

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 16324

Primary Registration District No. 1004 Registered No. 339

FULL NAME OF CHILD Bernard Paul St. Clair

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	✓		✓	Yes	10 - 2 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mike St Clair	FULL MAIDEN NAME	Effie Skilling
RESIDENCE	1920 N 19	RESIDENCE	1920 N 19
COLOR	White	COLOR	Wh
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Kansas
OCCUPATION	None	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was ✓ Born alive, at 4 15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Forney

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 10-15 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16324

Date Filed Oct 15, 1913

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for baby boy St.Clare (NAME ON ORIGINAL CERTIFICATE) who war born (WAS BORN OR DIED) on Oct 2, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed St. Clare	Bernard Paul St. Clair
Father's name	Nick St. Clare	Nick St. Clair

Subscribed and sworn to before me this 20th
day of January, 19 42

M. N. Greene
Notary Public, residing at Boise, Idaho
My commission expires February 19, 1943
(SEAL)

Signed Nick St. Clair
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt. 1, Eagle, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of January, 19 42

M. N. Greene
Notary Public, residing at Boise Idaho
My commission expires February 19, 1943
(SEAL)

Signed S. W. Fornery, M.D.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1001 N. 16th St., Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515-20F100-249

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 3 16325

Primary Registration District No. 1004 Registered No. 340

FULL NAME OF CHILD Frances Eletta Van Court

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Oct 9 1913

FATHER		MOTHER	
FULL NAME	Robert J Van Court	FULL MAIDEN NAME	Gertrude Smith
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 9 at 6 a. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) Dr. J. R. Numbers

(Physician or midwife)

Address Boise Idaho

Filed 10-15 1913 M S Parker

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 13 1975

JUL 29 1949

765-[illegible]-318

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 115½ Main St.

Hospital

Registration District No. 2 File No. 16326

Primary Registration District No. 1004 Registered No. 341

FULL NAME OF CHILD Alexander Eladio Gonzalez

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 23 1913

FATHER		MOTHER	
FULL NAME	Alexander Gonzalez	FULL MAIDEN NAME	Eladia Lahondo
RESIDENCE	115½ Main St	RESIDENCE	115½ Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Gonzalez
Father
(~~Physician or midwife~~)

Given names added from a supplemental report

..... 19.....

Address 115½ Main St.

Filed 10-1 1913 M. S. Parker
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 28 [redacted]

SEP 2 1953

491-213-00-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 210 So 15 St.

Hospital

Registration District No. 2

File No. 16327

Primary Registration District No. 1004

Registered No. 342

FULL NAME OF CHILD DOROTHY VIOLA DRAKE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John C. Drake	FULL MAIDEN NAME	Rose E. Bateman
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 38 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Stanislaus }

Certificate No. 16327

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 13, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Viola Drake

Subscribed and sworn to before me this 24th day of November, 1942.

Edna Baker

Notary Public, residing at Turlock, Calif.

My commission expires .....
(SEAL)

Signed Rose E. Drake. Mrs. J. E. Drake.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

521 Flower St., Turlock, Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1943

515 [illegible] 001-365

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 1405 N 14th St.

Registration District No. 2

File No. 16328

Primary Registration District No. 1004

Registered No. 343

Hospital

FULL NAME OF CHILD Myra K. Vance

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luther A. Vance	FULL MAIDEN NAME	Lucile Conkle
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boutz

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 10-15 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

6 17 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 17 10 06 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 16328

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Vance (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Myra K. Vance

Subscribed and sworn to before me this 17 day of June 1975

Notary Public, residing at Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Arthur W. Wendt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 155 Rolling Bay, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Kay Janice Wendt born April 23, 1935
at Sandpoint, Idaho, State file # 231251 gives mothers name as Myra K. Vance
Viewed by VS

JUN 17 1975

Social Security Card, # 532-58-3421 , Form OA-702. Rev. (9-61) gives name as
Myra V. Wendt.
Viewed by VS

412-201-001-235

Form V. S. No. 11-C—[illegible]-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

Registration District No. 2

File No. 16329

No. ..... St.

Primary Registration District No. 1004

Registered No. 344

Hospital St. Lukes

FULL NAME OF CHILD LOUISE MASSEY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 1 1913

FATHER		MOTHER	
FULL NAME	Orville R Massey	FULL MAIDEN NAME	Nellie A Stewart
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	North Dakota	BIRTHPLACE	Arkansas
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913

M S Parker
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 16329

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Massey (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 1st, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous ~~xxxxxxxxxx~~; and that, to the best of his knowledge, the
true facts as shown by #3117988 Metropolitan Ins. policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 25, 1918 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Massey	Louise Massey

Subscribed and sworn to before me this 2
day of March, 1942

Minnie F. Butterworth
Notary Public, residing at Los Angeles

My commission expires Jan 31-1944
(SEAL)

Signed Mrs Nina A Massey
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3945 Michael Ave., Venice, California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of March, 1942

Minnie F. Butterworth
Notary Public, residing at Los Angeles

My commission expires Jan 31-1944
(SEAL)

Signed Orville K. Massey
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

3945 Michael Ave., Venice, California
(STREET ADDRESS, CITY, STATE)

Received for filing on [illegible] By
(REGISTRAR'S SIGNATURE)

235-104-001-000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho *Registration District No.* 2 **File No.** 16330

No. ..... *St.* *Primary Registration District No.* 1004 **Registered No.** 345

Hospital St Alphonsus Hosp.

FULL NAME OF CHILD Charles Stewart Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Stewart	FULL MAIDEN NAME	
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913 M S Parker

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MOTHER

313-103-00-515

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho Registration District No. 2 File No. 16331

No. 1512 N 28th St.

Primary Registration District No. 1004 Registered No. 346

Hospital EUGENE SEMOUR

FULL NAME OF CHILD ~~[illegible]~~ Caldwell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gilbert Caldwell	FULL MAIDEN NAME	M. Van Orsdal
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	~~Idaho~~ Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913 M. S. Park

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 16331

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Horace Caldwell (Name on Original Certificate) who Born (Was Born or Died) on Oct. 3, 1913 (Date of Event)
in Boise Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Physician (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Horace Caldwell	Eugene Seymour Caldwell

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed John Brick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 2 6 1942

466-[redacted]1-365

PLACE [redacted]

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 1408 N 16th St.

Hospital

Registration District No. 2

File No. 16332

Primary Registration District No. 1004

Registered No. 347

FULL NAME OF CHILD Eleanor Louise Doolittle

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Oct (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Merton R Doolittle	FULL MAIDEN NAME	Charlotte L. Love
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11-55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913

M. S. Parker
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 16332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for [redacted] (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Confirmation Cert. (Bible Record, Insurance Policy, Etc.) prepared on Apr. 25, 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name		Eleanor Doolittle
Eleanor Louise		

Subscribed and sworn to before me this 28th day of October, 1934

Mary Shessler
Notary Public, residing at Boise Idaho
My commission expires Dec 16 - 1936
(Seal)

Signed Charlotte L. Doolittle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1414 - N - 16th
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of October, 1934

Notary Public, residing at Boise Idaho
My commission expires Dec 16 - 1936
(Seal)

Signed Grace L. Hopper
(Signature of Any Credible Person)

507 - 10th Ave So. - Nampa Idaho
(Street Address, City, State)

DPH 52.155

NOV 1 1954

239-101-00-713

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

No. 408 E Jeff St.

Hospital

Registration District No. 2 File No. 16333

Primary Registration District No. 1004 Registered No. 34

FULL NAME OF CHILD James Packard Strachan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Allen C Strachan	FULL MAIDEN NAME	Hazel Packard
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3-50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 10-15 1913 M S Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

23-208-004962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1311 Ellis Ave

Registration District No. 2 File No. 16334

Primary Registration District No. 1004 Registered No. 349

Hospital

FULL NAME OF CHILD Marjorie Ruth Blaine

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 8 1913

FATHER	MOTHER
FULL NAME Samuel Blaine	FULL MAIDEN NAME Ruth Rose
RESIDENCE 1311 Ellis Ave. Boise	RESIDENCE 1311 Ellis Ave Boise
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Wisc	BIRTHPLACE Iowa
OCCUPATION Lawyer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Blaine

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 10-18 1913 M. S. Parker

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

PLACE OF BIRTH

SEP 26 1957

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Boise, Idaho

No. 214-2[illegible]001-465 St.

Registration District No. 2 State File No. 16335

(If born in hospital or institution give name.) Prim. Registration District No. ..... Local Registrar's No. .....

2. FULL NAME OF CHILD Margaret Lucile Bauman

3. Sex Female | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Oct. 10, 1913 (Month, Day, Year)

FATHER

9. Full name Louis Aloysius Bauman

10. Residence (usual place of abode) (If non-resident, give place and State) Albion, Ida.

11. Color or race W | 12. Age at last birthday 36 (years)

13. Birthplace (city or place) (State or Country) Hika Wisconsin

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....

16. Date (month and year) last engaged in this work ....., 19.....

17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Rebecca Ellerbe Donnohue

19. Residence (usual place of abode) (If non-resident, give place and State) Albion, Ida.

20. Color or race W | 21. Age at last birthday 34 (years)

22. Birthplace (city or place) (State or Country) Liberty, Missouri

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....

25. Date (month and year) last engaged in this work ....., 19.....

26. Total time (years) spent in this work .....

27. What prophylactic was used to prevent Ophthalmia Neonatorum? .....

28. Number of children of this mother (At time of this birth and including this child) 1
(a) Born alive and now living 1 (b) Born alive but now dead ..... (c) Stillborn .....

29. If stillborn, period of gestation ..... months or weeks

30. Cause of Stillbirth ..... Before labor ..... During labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 5:A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report .....
(Date of)

..... Registrar.

(Signed) J. E. Naugle M. D., M. D.

or ....., Midwife

Address Boise, Idaho

Filed 10-18-13, 193.. N. S. Parker
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of one child at birth a Separate Return must be made for each, and the number of each, in order of b[illegible]

81.X-110-00-156

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. Reclamation Ave (Tent town)

Hospital

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2

File No. 16336

Primary Registration District No. 1004

Registered No. 351

FULL NAME OF CHILD ALLEN MARSTON HAMMOND

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	Oct 10 1913

FATHER		MOTHER	
FULL NAME	Harvey H. Hammond	FULL MAIDEN NAME	Edith Jewett.
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mont.
OCCUPATION	Express driver	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Naugle M.D. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed 10-18 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Yakima }

Certificate No. 16336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 10, 1913 (DATE OF EVENT)
in Boise (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Oct 11, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	(Allen Marshton Hammond) Allen Marston Hammond

Subscribed and sworn to before me this 11
day of April, 1942

Berry Moeck

Notary Public, residing at Yakima, Wn.
My commission expires Feb. 7, 1943
(SEAL)

Signed Harvey H Hammond
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route 8, Yakima, Wash
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30
day of April, 1942

Berry Moeck

Notary Public, residing at Yakima, Wn.
My commission expires Feb. 7, 1943.
(SEAL)

Signed Alfred F Hammond
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
309½ W. Yakima, Yakima, Wn.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 4 1942 By
(REGISTRAR'S SIGNATURE)

619-119-001-363

Form V. S. No. 11-C—[illegible]-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 1110 Miller St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16337

Primary Registration District No. 1004 Registered No. 352

FULL NAME OF CHILD Darrell G Warner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Oct (Month) 19 (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edwin C Warner	FULL MAIDEN NAME	Jennie Lockwood
RESIDENCE	1110 Miller St	RESIDENCE	1110 Miller St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Penn	BIRTHPLACE	Neb
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W N Turkey

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 11-23 1912 M S Parker Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

799.103.00.143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 1705, N 15th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16338

Primary Registration District No. 1004 Registered No. 359

FULL NAME OF CHILD Boyce Antonio Pizey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Dec 3 1913

FATHER		MOTHER	
FULL NAME	Paul Pizey	FULL MAIDEN NAME	Nellie B. Antonio
RESIDENCE	1705 N 15th St	RESIDENCE	1705 N 15th St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Dakota City Neb.	BIRTHPLACE	Randolph Iowa
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St

Filed Dec 23 1913 M. S. Parker
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 3 1964

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

381-114100-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 5th & State *St.*

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 16339

Registered No. 354

FULL NAME OF CHILD William Lorey Charters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10-14 1913

FATHER		MOTHER	
FULL NAME	William D. Charters	FULL MAIDEN NAME	Elizabeth Lorey
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Placerville, Idaho	BIRTHPLACE	Edina, Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 10-24 1913 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

MAY 1 1945

DEC 9 1948

JUN 27 1955

212-219-004 418

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ~~Sixxxxxxxxx~~ St.

Hospital St. Alphonsus

Registration District No. 2 File No. 16340

Primary Registration District No. 1004 Registered No. 355

FULL NAME OF CHILD Irene Margaret Bakula

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	10 — 19 — 1913

FATHER		MOTHER	
FULL NAME	Mathew M. Bakula	FULL MAIDEN NAME	Flora May
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bohemia	BIRTHPLACE	Colorado
OCCUPATION	Watchmaker	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 10-25 19 13

M. L. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

493-113001-351

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of Boise

No. 5th & State St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 16341

Registered No. 356

FULL NAME OF CHILD JAMES EMORY MILLS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE			YES	10 13 1913

FATHER	MOTHER
FULL NAME: WILLIAM J. MILLS	FULL MAIDEN NAME: CATHERINE LEARY
RESIDENCE: Garden Valley	RESIDENCE: Garden Valley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Granite Creek	BIRTHPLACE: Granite Creek
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at M on the date above stated.

(Signature) [signature]

Physician (Physician or midwife)

Address

Filed 10-24 19 13 [signature] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

8-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 30 1971

465-28-001-231

PLACE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 16342

County of Ada

City of Boise

Registration District No. 2

No. 28½ N. Huron St.

Primary Registration District No. 1004

Registered No. 357

Hospital

FULL NAME OF CHILD Lenac Ruth Dove

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 18th, 1913

FATHER		MOTHER	
FULL NAME	R. B. Dove	FULL MAIDEN NAME	Edith A. Slater
RESIDENCE	Mayfield Idaho	RESIDENCE	Mayfield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3.10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-27 1913 W. S. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

JAN 26 1943

PLACE OF BIRTH

County of

364-115-00-655

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

County of Ada

City of Boise

No. 1815 No 17th St.

Hospital

Registration District No. 2

File No. 16343

Primary Registration District No. 1004

Registered No. 358

FULL NAME OF CHILD James Bruce Forrance

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes	Oct (Month) 15th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Forrance	FULL MAIDEN NAME	Mina B. Wees.
RESIDENCE	Oreana, Owyhee Co.	RESIDENCE	Oreana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 10-27 1913 M. S. Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 3 1975

433-221 1001-125

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16344

No. ____, ____ St.

Primary Registration District No. 1004

Registered No. 359

Hospital St. Lukes

FULL NAME OF CHILD Helen McCreary

Sex of Child: Female	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth: Oct. (Month) 21st (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	A. S. McCreary	FULL MAIDEN NAME	Marian C. Abel
RESIDENCE	1010 Thatcher St.	RESIDENCE	1010 Thatcher St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	N.Y.
OCCUPATION	Assist. Adv. Mangr. Statesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-20A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or Midwife)

Given names added from a supplemental report

Address Boise Idaho

..... 19....

Filed 10-27 1913 M. S. Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 5 1976

OCT 20 1976

253.219.001-237

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 16345

No. 26th St. Near Heron St.

Primary Registration District No. 1004

Registered No. 360

Hospital

FULL NAME OF CHILD Catherine Kelley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Oct. 9th 1913

FATHER		MOTHER	
FULL NAME	James N. Kelley	FULL MAIDEN NAME	Eva Slater
RESIDENCE	26th St. Near Heron	RESIDENCE	26th St. Near Heron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Motorman St. R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor. M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 10-27 1913 M. S. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Rev. C-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

962-229-001-514

PLACE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 19 & Denver St.

Hospital Home

Registration District No. 2

File No. 16346

Primary Registration District No. 1004

Registered No. 361

FULL NAME OF CHILD Dora Georgia Robinson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
1	No	1st	Yes	Oct. 29, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. H. Robinson	FULL MAIDEN NAME	Georgia Vaughn
RESIDENCE	19 & Denver St Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Indiana	BIRTHPLACE	Boise
OCCUPATION	Ticket agt	OCCUPATION	wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1.55 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Kingsbury
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address.....

Filed 10-30 1913 M. S. Parker
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each ... of each, in order of birth stated

PLACE OF BIRTH

OCT 28 1965

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

259-107-044-413

PLACE OF BIRTH

Amended 5-31-56

County of Washington

City of Midvale

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 16347

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD CLIFFORD MACKEY SEID
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE				YES	9 7 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Wilbur L. Seid	FULL MAIDEN NAME	Mary Mackey
RESIDENCE	Midvale, Idaho	RESIDENCE	Midvale, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) F. A. Schmitz

M.D.
(Physician or midwife)

Address Midvale Idaho

Filed Sept 7 1913 F.A. Schmitz
Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
MAY 23 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Riverside } ss.

Certificate No. 16347

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clifford Mackey Seid (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate-Cradle Roll & Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on May 29, 1917 & September 30, 1929 (Give Date), are:
Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex	Female	Male
Date of Birth	8-7-1913	9-7-1913

Subscribed and sworn to before me this 18th day of May, 19 56

Elizabeth M. Smeaham
Notary Public, residing at Riverside, California
My commission expires March 6, 1960
(Seal)

Signed Wilma L. Seid
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3521 Central Avenue, Riverside, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Riverside } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of May, 19 56

Elizabeth M. Smeaham
Notary Public, residing at Riverside, California
My commission expires March 6, 1960
(Seal)

Signed Mary Seid
(Signature of ~~Any Credible Person~~)
Parent
3521 Central Avenue, Riverside, Calif.
(Street Address, City, State)

Form DPH 55 155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16348
Local Reg. No.
Reg. Dist. No. 87

Amended 4-8-68

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Midvale
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Midvale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Margaret
b. (Middle): Mackey
c. (Last): Keithly

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 19, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Joel
b. (Middle): Levi
c. (Last): Keithly

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Businessman

11. KIND OF BUSINESS OR INDUSTRY: Hardware Store

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Genevra
b. (Middle): Vestilla
c. (Last): Mackey

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. A. Schmitz

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Midvale, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: 9/19/13

22. REGISTRAR'S SIGNATURE: F. A. Schmitz

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane } ss.

RECEIVED APR 8 1968 Bureau of Vital Statistics

Certificate No. 16348

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Margaret Mackey Keithly (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1913 (Date of Event) in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Aug. 19, 1913	September 19, 1913
Father's First Name	Joe	Joel

Subscribed and sworn to before me this 18th day of October, 1967

Notary Public, residing at Spokane

My commission expires May 20, 1970

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4808 N. Magnolia St. Spokane, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April, 1968

Notary Public, residing at Boise Idaho

My commission expires July 12, 1968

(Seal)

Signed [signature]

(Signature of Any Credible Person)

4901 Spaulding St

(Street Address, City, State)

Boise Idaho

(Rush) CL 7-6-67. nm

1 cf ad. no. # 31345

Statement from attending Physician issued June 30,1941 by Dr. Schmidt states birthdate of Margaret Mackey Keithly as Sept. 19, 1913 and father as Joel Levi Keithly, mother Genevra V. Mackey.
Viewed by V .s.

Family Bible Record lists name of child as Margaret Mackey Keithly born Sept. 19, 1913 father - Joel Levi Keithly Mother- Genevra V. Keithly. Record obviously old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 81-219-044-362

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 16349

No. ..... St.

Primary Registration District No. 2154 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Shaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter Berry Shaw	FULL MAIDEN NAME	Hazel Mazetta Colson
RESIDENCE	Midvale	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Midvale Idaho

Filed 8-19-1913 F. A. Schmidt
Registrar

S-Y CO. 24655

AUG 8 1961

24 [illegible] 694

Form V. S. No. 11-C-20m-6-15-12

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 36 File No. 16350

No.

Primary Registration District No. 2084 Registered No.

Hospital

FULL NAME OF CHILD Ellen Opal Butler

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	3	3	yes	Oct. 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther Butler	FULL MAIDEN NAME	Nellie Orum
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician or midwife)

Given names added from a supplemental report

Address Kimberly, Idaho

..... 19.....

Filed Oct. 4th 1913 John J Whyte

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1947

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

712-10 [illegible] 112

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 36 File No. 16351

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? ✓ and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: June 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde J. Gabby	FULL MAIDEN NAME	Rheta C. Massey
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colorado
OCCUPATION	Foreman	OCCUPATION	H. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kimberly

Filed June 5 1913 John J. Whyte Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-386090

555-117-042 Amended July 17, 1951

PLACE OF BIRTH 236

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Registration District No. 36 File No. 16352

Hospital ..... Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD ALBERT LEWIS NEELY
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE		YES	SEPT. 17 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER		MOTHER	
FULL NAME	R. J. Neely	FULL MAIDEN NAME	Anna E. Scott
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Wisconsin	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician or ~~midwife~~)

Address Kimberly, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed SEP 28 1913 J. J. Whyte Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. Certificate No. 16352
County of King } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ray Neeley (Name on Original Certificate) who was born (Was Born or Died) on [illegible] 17, 1913 (Date of Event)
in Jansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Ray Neeley	Albert Lewis Neely

Subscribed and sworn to before me this 30th day of June, 1950
Burton R. Walker
Notary Public, residing at Seattle, Wn.
My commission expires Dec 9, 1952
(Seal)

Signed X Ruth L. [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3016 Holden St #884 Seattle, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of July 1951
M. L. Tesch
Notary Public, residing at Spokane, Wn.
My commission expires July 13 - 1954
(Seal)

Signed Florence N. Lang
(Signature of Any Credible Person)
Spokane Wash.
3915 Grand Blvd
(Street Address, City, State)

FORM DPH - 51117

985-110-042-253

Form V. S. No. [illegible]-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

No. ..... *St.*

Hospital .....

Registration District No. 36 **File No.** 16353

Primary Registration District No. 2084 **Registered No.** .....

FULL NAME OF CHILD Fred Sheroff

Sex of Child M	**Twin Triplet or other?** 1 **and** **Number in order of birth** 1 (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Aug 10 1913 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	Fred Sheroff	**FULL MAIDEN NAME**	Augusta Bicker
RESIDENCE	Hansen	**RESIDENCE**	Hansen
COLOR	W **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE	Illinois	**BIRTHPLACE**	Colorado
OCCUPATION	Farmer	**OCCUPATION**	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kimberly

Filed Sep. 28 1913 J J Whyte

..... *Registrar* *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] 317

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Hansen

Registration District No. 36 File No. 16354

No. ..... St.

Primary Registration District No. 2084 Registered No. .....

Hospital .....

FULL NAME OF CHILD Alice Marie Verning

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	1	yes	July 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Layton Verning	FULL MAIDEN NAME	Edna Cagle
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician ~~or midwife~~)

Address Kimberly, Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug. 10 1913 J J Whyte

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

9 1955

652 27 [redacted] 813

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-13

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minnidoka

City of Rupert

Registration District No. 19

File No. 16355

No. ____, ____ St.

Primary Registration District No. ____

Registered No. 28

Hospital ____

FULL NAME OF CHILD Helen Ruth Westfall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Female				Yes	9	27	1913

	FATHER	MOTHER
FULL NAME	J S Westfall	FULL MAIDEN NAME Frances Hall
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	19
BIRTHPLACE	Kans	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennaugh

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Rupert Idaho

Filed Oct. 19 13 Dr J E Scott

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] FEB 10 19[redacted]

STATE OF IDAHO

JUN 4 1971

335-226

PLACE OF [redacted]

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lo[redacted]

City of Kendrick

Registration District No. 63 File No. 16356

No. ..... St.

Primary Registration District No. 2143 Registered No. 3

Hospital .....

FULL NAME OF CHILD Helen Clem

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ernest Clem	FULL MAIDEN NAME	Nellie May Martin
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rothwell MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kendrick Idaho

Filed Oct 1 1913 J. E. Hoyt Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-55-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIR[redacted]

AUG 4 1975

993-216-229-469

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 63

File No. 16357

Primary Registration District No. 2143

Registered No. 4

FULL NAME OF CHILD CARRIE LENA Riley

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? yes

Date of Birth: June 16, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Riley	FULL MAIDEN NAME	Amelia [illegible] Herr
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Rothwell M.D.

(Physician or midwife)

Address Kendrick Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 1 1913

J. E. Hoyt
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Latah } ss.

Certificate No. 16357
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(Birth or death)
for Amelia Riley who born on July 14-1913
(Name on original certificate) (Was born or died) (Date of event)
in Kendrick, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Bible prepared on July 14. 1913, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Amelia	Carrie Lena Riley

Subscribed and sworn to before me this 12th
day of Dec., 19 41

Notary Public, residing at Kendrick, Idaho
My commission expires Jan 31st 1942
[SEAL]

Signed Amelia Riley, Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Kendrick, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 18 194

694.201.029.386

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Kendrick

No. ....., ... St.

Hospital .....

Registration District No. 63 File No. 16358

Primary Registration District No. 2143 Registered No. 5

FULL NAME OF CHILD Ethel Lucile Fruchtl

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Sept 1 1913

FATHER		MOTHER	
FULL NAME	Joseph Fruchtl	FULL MAIDEN NAME	Maude Thomas
RESIDENCE	Kendrick Ida	RESIDENCE	same
COLOR	white AGE AT LAST BIRTHDAY 47 (Years)	COLOR	white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Mo
OCCUPATION	brick maker	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sep 4 1913 J.E. Hoyt Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

(City or)

RECORD

313.108-09-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 16359

Primary Registration District No. 2143 Registered No. 6

FULL NAME OF CHILD Orph Carl Lackey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sep. 9 1913

FATHER

FULL NAME Frank D Lackey

RESIDENCE near Kendrick Ida

COLOR White AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Indiana

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Christiana Patty

RESIDENCE same

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Indiana

OCCUPATION housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11—P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed Sep 9 1913 J.E. Hoyt

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 22 1948

Form V. S. No. 11-C—10m-8-7-41

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

(County of)

OR

957-207-001-

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Dry Creek

Registration District No. 8

File No. 16360

No. ——, —— St.

Primary Registration District No. 2004

Registered No. 19

Hospital ——

FULL NAME OF CHILD Wilma Ida Ingram

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
girl		yes	June 7th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm T. Ingram	FULL MAIDEN NAME	Mary E. Hesh
RESIDENCE	~~Summesett Ky~~	RESIDENCE	~~Hebron Neb~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Summesett Ky	BIRTHPLACE	Hebron Neb-
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

(Physician or Midwife)

Given names added from a supplemental report

Address Boise Ida-

, 19

Filed 9-8 1913 M. S. Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

JUN 2 4 1942

[redacted]

PLACE OF BIRTH

BIR

OCT 2 1 1974

MAR 1 9 1975

142-213-001-635

PLACE OF BIRTH

County of Ada

City of Boise

No. Blacks Creek St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. [illegible]51

Primary Registration District No. 2104 Registered No. 20

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	8 13 1913

FATHER		MOTHER	
FULL NAME	Jno W. Adkins	FULL MAIDEN NAME	Altie Flemming
RESIDENCE	Blacks Creek	RESIDENCE	Blacks Creek
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	34
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Greenaway

Physician

(Physician or midwife)

Address Boise Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-8 1913 W. S. Parker
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 -144543

319-131.001-412

PLACE OF BIRTH

Form V. S. No. 11-O—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Davis Ranch

Hospital

Registration District No. 8

File No. 1332

Primary Registration District No. 2004

Registered No. 21

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	yes	8 31 1913

FATHER		MOTHER	
FULL NAME	Walter Carrico	FULL MAIDEN NAME	Maud Mason
RESIDENCE	Davis Ranch, Boise	RESIDENCE	Davis Ranch, Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Mo.	BIRTHPLACE	Portland, Ore
OCCUPATION	Farmer	OCCUPATION	Kd.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:10 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

.....
Registrar

Address .....

Filed 9-8 19 13 M. S. Parker
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Dup of 1913-1514111

495-117-001

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Ustick School District

Registration District No. 8

File No. 16363

No. ..... St.

Primary Registration District No. 2004

Registered No. 22

Hospital .....

FULL NAME OF CHILD ROBERT EARL MINTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm H. Minton	FULL MAIDEN NAME	Elizabeth Mead
RESIDENCE	Ustick	RESIDENCE	Ustick
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive ~~J. Earl~~ Hill at 5 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Earl Hill

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 9-8 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed ..... birth
(BIRTH OR DEATH)

The undersigned does solemnly swear that certain facts on the certificate of ..... for ..... (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on aug-17-1913 (DATE OF EVENT) in Ustick Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Robert Earl Minton

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19
day of March, 19 42
Edith A. Church

Signed Esther Minton Hart
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Kuna Idaho

My commission expires May 16-1944
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1

719-225-001-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Ada

City of Dagget Creek

Registration District No. 8

File No. 16364

No. ..... St.

Primary Registration District No. 2004

Registered No. 2 B/

Hospital .....

FULL NAME OF CHILD Irene Gardner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mar 25 1913

FATHER		MOTHER	
FULL NAME	Clifford Gardner	FULL MAIDEN NAME	Bertha Nelson
RESIDENCE	Dagget Creek	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Not given

(Physician or Midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 9-10 1913 M. S. Parker Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

SEP 14 1972

316-211-00-314

PLACE OF BIRTH

Form V. S. No. H-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise Idaho

Registration District No. 8

File No. 16365

~~No.~~ Cole School Dist. ~~St.~~

Primary Registration District No. 2004

Registered No. 24

Hospital

FULL NAME OF CHILD Bonnie Jean Lawrence

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh C Lawrence	FULL MAIDEN NAME	Roxie J. Lambrigger
RESIDENCE	Cole School Dist.	RESIDENCE	Cole School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 9-18 1913 M. S. Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(county of

381-21-004-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R D., No 3 St.

Registration District No. 8 File No. 16366

Primary Registration District No. 1004 Registered No. 25

Hospital

FULL NAME OF CHILD Gertrude Thelma Charlton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Sept 11, 1913

FATHER		MOTHER	
FULL NAME	Geo. Calvin Charlton	FULL MAIDEN NAME	Alevia Greenia Johnson
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Calhoun Co. Ill.	BIRTHPLACE	Redmond Wash
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 5 a M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St

Given names added from a supplemental report

....., 19.....

Filed 9-23 19 3 M. S. Parker

Registrar

SYMS-YORK CO., PTRS. & SDRS. 17826

Registrar

Form V. S. No. 11-D—10m-8-1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JUN 1 3 1974

312-220-001-654

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

Ada

Boise Idaho

Pleasant Dale School Dist.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 16367

Primary Registration District No. 2004 Registered No. 26

Hospital

FULL NAME OF CHILD Alberta Connie Laster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert C. Lester	FULL MAIDEN NAME	Ellen Wedberg
RESIDENCE	Pleasant Dale School Dist	RESIDENCE	Pleasant Dale School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-24 1913 M. S. Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 - 215883

454-220-001-465

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Idaho

Registration District No. 8

File No. 16368

No. Belfry School Dist

Primary Registration District No. 2004

Registered No. 2

Hospital

FULL NAME OF CHILD Hermine Annetta Demond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Demond	FULL MAIDEN NAME	Hattie Monroe
RESIDENCE	Belfry School Dist	RESIDENCE	Belfry School Dist
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 9-24 1913

M S Parker
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 16368

PLACE OF BIRTH

AUG 2 7 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-227-00753

PLACE OF BIRTH

County of Blaine

City of Ario

No. ..... St.

Hospital .....

Form V. S. No. 11-C-40m-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 59 File No. 16369

Primary Registration District No. 259 Registered No. .....

FULL NAME OF CHILD Baby Zimmerman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	X	X	Yes	Sept 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Zimmerman	Goldie Violet Peterson
RESIDENCE	Ario	Ario
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthews M.D.

(Physician or midwife)

Address Ario

Given names added from a supplemental report

..... 19.....

Filed Oct 27 19 13 D. W. Matthews

Registrar

..... Registrar

8-Y CO. 20174

[redacted]

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

433-118-007-513

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-22

Registration District No. 59 File No. 16370 S

Primary Registration District No. 2159 Registered No. .....

FULL NAME OF CHILD John William McCarthy

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	X	X	Yes	Sept 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Joseph McCarthy	FULL MAIDEN NAME	Gertrude Eaton
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthau

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Arco, Ida.

Filed Sept 23 1913 D W Matthau Registrar

..... Registrar

S-Y CO. 20174

1 3 1947

e.c. 41. w.h.

Form V. S. No. 11-C—20m-5-18-15

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Copy of

Copy of

PLACE OF BIRTH

693201-001-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 201, No 14th St.

Hospital —

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2 File No. 16371

Primary Registration District No. I004 Registered No. 257

FULL NAME OF CHILD Frances Wickel

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	Yes	Aug 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude S. Wickel	FULL MAIDEN NAME	Blanche M. Morris
RESIDENCE	201 No 14th	RESIDENCE	201 No 14th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wis.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11-10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tuley

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Boise Idaho

..... 19....

Filed 8-8 1913 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. [illegible]—10m-[illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

3 195

294-130-09-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 716, Hays St.

Hospital —

Registration District No. 2 File No. 16372

Primary Registration District No. 1004 Registered No. 258

FULL NAME OF CHILD William Frederick Prunner

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	✓		✓	Yes	July 30, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles L Prunner	FULL MAIDEN NAME	Jennie Love
RESIDENCE	716 Hays	RESIDENCE	716 ~~Idaho~~ Hays
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Steam Fitter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Tukey

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Ida

Filed 8-8 19.....

M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Form V. S. No. H-C—10m 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-21-00259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 417 N. 4th St.

Registration District No. 2

File No. 16374

Primary Registration District No. 1004

Registered No. 260

Hospital

FULL NAME OF CHILD Ellen Harvey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 1 1913

FATHER		MOTHER	
FULL NAME	Fred Harvey	FULL MAIDEN NAME	Nora Busfield
RESIDENCE	417 N 4th Boise	RESIDENCE	417 N 4th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Pennsylvania
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Tallman

(Physician or midwife)

Given names added from a supplemental report

August 1st 1913

Address Boreland Bldg Boise

Filed 8-1 1913

8-Y CO. 20174

Registrar

Registrar

Form V. S. No. 11-C—Rev. 6-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

299.206.001269

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2 File No. 16375

Primary Registration District No. I004 Registered No. 261

FULL NAME OF CHILD no name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Paul A Bristow	FULL MAIDEN NAME	Tivola Edith Swisher
RESIDENCE	Boise, Idaho	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Auditor - O.S.R.R.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. Gallman

Phys & Surg (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 8-9 1913 M S Parker Registrar

Registrar

S-Y CO. 20174

6 months child - lived 1/2 hour

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-224-004-318

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

File No. 16376

Primary Registration District No. I004

Registered No. 262

FULL NAME OF CHILD Margaret Layne

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of birth
Girl		Illegitimate	July (Month) 24th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Davis	FULL MAIDEN NAME	Dora Layne
RESIDENCE	Small, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE		BIRTHPLACE	Small, Idaho
OCCUPATION	Farmer and Stock-raiser	OCCUPATION	School-girl

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) 10:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Robbins

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Registrar

Address 219 Warm Springs Ave, Boise, Ida

Filed 8-8 19 M S Parker

Registrar

S-Y CO., 16669

JUL 18 1974

DUP OF 1913 D 74-369

864-129-001-613

PLACE OF BIRTH

Form V. S. No. 11-O—10m-3-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2nd Ed Vermont St.

Hospital So Boise

Registration District No. 2 File No. 16377

Primary Registration District No. 1004 Registered No. 263

FULL NAME OF CHILD Andrew James Young

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	July 29, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME ~~Andrew James~~ Louis Young	FULL MAIDEN NAME Packerel, Susannah
RESIDENCE Louis Thirwood So Boise	RESIDENCE So Boise
COLOR White AGE AT LAST BIRTHDAY 41 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	BIRTHPLACE Ordrville Utah
OCCUPATION Laborer	OCCUPATION House Wife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:40 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address 8-8

Filed Aug. 1913 M S Parker

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BIND

WRITE PLAINLY, WITH UNFADING INK—THIS IS A P

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for of each, in order of birth stated

Form V.S. No. 11-Orig.-57-U

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

BIRTH

389-215.001-343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 633, Ash St.

Hospital

Registration District No. 2

File No. 16378

Primary Registration District No. 1004

Registered No. 264

FULL NAME OF CHILD Elva Myrtle Chipman

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		yes	JUL 15 1913

FATHER		MOTHER	
FULL NAME	Robert L. Chipman	FULL MAIDEN NAME	Lilian G. Cullison
RESIDENCE	633 Ash St Boise Idaho.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Creston, Ia.	BIRTHPLACE	Creston, Ia.
OCCUPATION	Chef	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rollin S. Gregory M.D. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address 204 Sonna Block.

Filed 8-8 19.... M. S. Parker Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. HC-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

JAN 2 2 1975

544-130-001-796

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Hillcrest St.

Registration District No. 2

File No. 16379

Primary Registration District No. I004

Registered No. 265

Hospital

FULL NAME OF CHILD Sabin H. Eddy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	July (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Howard Eddy	FULL MAIDEN NAME	Zella Grossbeck
RESIDENCE	Hillcrest	RESIDENCE	Hillcrest
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Neb.
OCCUPATION	Electrition	OCCUPATION	Hill

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 930 A.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 19.....

M S Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

759-103-001-289

PLACE OF BIRTH

Form V. S. No. 11-O-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 16380

Primary Registration District No. I004 Registered No. 266

FULL NAME OF CHILD James Francis Perry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		L.	Aug (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Perry	FULL MAIDEN NAME	Ellen C Byrne
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Agent	BIRTHPLACE	Cal.
OCCUPATION	Cal.	OCCUPATION	H. W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 4 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-89 1913 M S Parker

Registrar Registrar

[illegible] CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 21 1976

PLACE OF BIRTH

JUL 11 1976

369-203-001-289

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 840 Jeff St.

Hospital

Registration District No. 2 File No. 16381

Primary Registration District No. 1004 Registered No. 267

FULL NAME OF CHILD PEARL ORRA CORBRIDGE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes	Aug (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Corbridge.	FULL MAIDEN NAME	Ora Byrnegton
RESIDENCE	840 Jeff	RESIDENCE	840 Jeff
COLOR	W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Conductor	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician [redacted])

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 1913 M.S.Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 16381

Date Filed 10-9-43

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pearl Orra Corbridge (Name on Original Certificate) who Born (Was Born or Died) on August 3rd 1913 (Date of Event)
in Boise Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Pearl Orra Corbridge

Subscribed and sworn to before me this 9th
day of October, 19 43

Notary Public, residing at Pocatello Idaho

My commission expires 6-20-46
(Seal)

Signed Orra E. B. Corbridge Dixon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 13 1942

155-104-00533

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1017 Ressigue St.

Hospital

Registration District No. 2

File No. 16382

Primary Registration District No. I004

Registered No. 268

FULL NAME OF CHILD Dee Elliott Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	Aug (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ephram Jensen	FULL MAIDEN NAME	Lucy Elliott
RESIDENCE	1017 Ressigue	RESIDENCE	1017 Ressigue
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Machinist	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 11 A M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 19.....

M S Parker
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-107-001-791

PLACE OF BIRTH

County of Ada

City of Boise

No. 1200 E State St.

Hospital

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16383

Primary Registration District No. 1004 Registered No. 269

FULL NAME OF CHILD HORACE EDWIN SNYDERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L.	Aug (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Snyders	FULL MAIDEN NAME	Goldie Pratt
RESIDENCE	1200 E State	RESIDENCE	1200 E State
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Io.	BIRTHPLACE	Io.
OCCUPATION	Machinist	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 10.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 1913 M S Parker

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of [illegible]

Certificate No. 16383

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Horace Edwin Snyders (Name on Original Certificate) who Born (Was Born or Died) on Aug-7-1913 (Date of Event)
in Boise-Idaho (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Horace Edwin Snyders

Subscribed and sworn to before me this 29th day of June 1942.

[illegible]
Notary Public, residing at Alameda, Calif.

My commission expires [illegible]
(Seal)

Signed Mrs. Goldie D. Snyders
(Signature of ~~parent~~ or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

822 Haight Ave. Alameda, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 1 1942

AUG 5 1942

695-108-00-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1505 N 7 St.

Hospital

Registration District No. 2 File No. 16384

Primary Registration District No. I004 Registered No. 270

FULL NAME OF CHILD Richard Malcolm Finklea

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	Aug (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ferdinand Finklea	FULL MAIDEN NAME	Anna Thompson
RESIDENCE	1505 N 7	RESIDENCE	1505 N 7
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Miss
OCCUPATION	Traveling Salesman	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... at 5 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. Certificate No. 16384

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	none given	Richard Malcolm Finkle

Subscribed and sworn to before me this 2nd day of Feb, 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(SEAL)

Signed .....

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed [signature]

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1602 N 14th

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 1 0 1972

FEB 2 1943

669-109-00-211

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. St.

Hospital St Alfonso

Registration District No. 2 File No. 16385

Primary Registration District No. I004 Registered No. 271

FULL NAME OF CHILD Cecil Ford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		L	Aug (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Ford	FULL MAIDEN NAME	Katherine Raad
RESIDENCE	Ada County	RESIDENCE	Ada County
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mich
OCCUPATION	Plasterer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8.30 P. M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or [redacted])

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 1913 M S Parker

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jun-S-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 13 1954

469-231-001218

PLACE OF BIRTH

County of Ada

City of Riverside

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—20m-2-15-13

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 16386

Primary Registration District No. 2004 Registered No. 12

FULL NAME OF CHILD Paula Mable Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 31 1913

FATHER

FULL NAME Robert Edgar Morgan

RESIDENCE Riverside

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Iowa

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Ida Sayre

RESIDENCE Riverside

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Tallman

(Physician or midwife)

Given names added from a supplemental report

August 1 1913

Address Owsland Bldg Boise

Filed 8—1 1913

M. S. Parker
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) .....

JUL 15 1953

413-129.00.113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Nampa Fairgrounds

No. ..... St.

Hospital .....

Registration District No. 8

File No. 16387

Primary Registration District No. 2004

Registered No. 13

FULL NAME OF CHILD Howard William Matteson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Arthur Matteson	FULL MAIDEN NAME	Myrtle Jackson
RESIDENCE	Ada Co.	RESIDENCE	Ada Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Herman, Neb.	BIRTHPLACE	Salina, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Falk Bldg.

Filed 8-8 1913 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 15 1975

812 [illegible] 819

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of on Bench

Regi[illegible] No. 8

File No. 16388

No. 3 mi. S.W. of Boise St.

Prim[illegible] District No. 2004

Registered No. 16

Hospital

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet, or other?	and in order of birth	Legitimate?	Date of birth
female	—	—	yes	Aug (Month) 4th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew J. Hash	FULL MAIDEN NAME	Debora Hardy
RESIDENCE	3 miles S.W. of Boise	RESIDENCE	3 miles S.W. of Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.40 A.M. on the date [illegible]

*[illegible] no attending physician or midw[illegible] [illegible]r, householder, etc., should make [illegible] stillborn child is one that neith[illegible] shows other evidence of life after [illegible]

(Signature) J. M. Taylor

M.D.
(Physician or Midwife)

Given [illegible] added from a supplemental report

Address Boise Idaho

[illegible], 19[illegible]

Filed 8-26 1913 M. S. Parker
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

259-214-00-235

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Riverside St.

Registration District No. 8 File No. 16389

Hospital

Primary Registration District No. 2004 Registered No. 17

FULL NAME OF CHILD Dorothy Kathrine Keith

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	Aug 14 1913

FATHER		MOTHER	
FULL NAME	Albert E. Keith	FULL MAIDEN NAME	Leona Stevens
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Painted	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. S. Williamson M.D.
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address 824 Franklin St

Filed 8-26 1913 M. S. Parker
Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

DEC 14 1953

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AMENDED FEB. 24, 1955

693-217-001-362

PLACE OF BIRTH

Form V. S. No. 11-G—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Ora Dell St.

Hospital

Registration District No. 8 File No. 16390

Primary Registration District No. 2004 Registered No. 18

FULL NAME OF CHILD Hazel May Williams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fe		Yes	8 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Perry C Williams	FULL MAIDEN NAME	Elta Cobb
RESIDENCE	Ada County	RESIDENCE	Ora Dell
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pettingell

(Physician or midwife)

Given names added from a supplemental report

19

Address Talk Bldg

Filed 8-26 1913 M. S. Parker

Registrar Registrar

S-Y CO. 20174

Form V. S. No. 11-0—20m-4-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16390

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Hazel May Williams (Name on Original Certificate) who born (Was Born or Died) on Aug. 17, 1913 (Date of Event) in Oradell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Sept. 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Hazel May Williams

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Fred. A. Pittman Esq. Mgr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Suite 500 Eastman Buldg. Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of January, 1955

[signature]
Notary Public, residing at Emmett, Idaho
My commission expires Oct 13, 1957
(Seal)

Signed Mrs Hazel Wagner
(Signature of Any Credible Person)

Route # 2, Emmett, Idaho
(Street Address, City, State)

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

255-213-001-465

County of Ada

City of So Boise

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Lorita~~ Lorita Agnes Benson

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 2

File No. 16391

Primary Registration District No. 1004

Registered No. 272

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
f		L	Aug (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Benson	FULL MAIDEN NAME	Nellie Monroe
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Mo
OCCUPATION	Transfer Man	OCCUPATION	H. W.

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouk

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 8-19 19 13 M S Parker

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

595-825-00-595

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-35

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16392

Primary Registration District No. 1004 Registered No. 273

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	1			yes	July 25 (Month) (Day) 1915 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Einheiser	FULL MAIDEN NAME	Emma Einheiser
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

(Signature) R. E. Curtz

(Physician or midwife)

Address .....

Filed 8-19 19.... M. S. Parker
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 12-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

365-214-001-383

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. Myrtle St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16393

Primary Registration District No. 1004 Registered No. 274

FULL NAME OF CHILD ESTHER LUCILLE LOVEJOY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	8 14 1913

FATHER		MOTHER	
FULL NAME	Fletcher R. Lovejoy	FULL MAIDEN NAME	Ava Tyler
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. H. Tallman

Boise Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-19 19 13 M. S. Parker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[illegible] of [illegible]

363-121-001-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16394

County of Ada

City of Boise

No 1616 No 13 St.

Registration District No 2 File No.

Primary Registration District No. 1004 Registered No. 275

Hospital

FULL NAME OF CHILD Francis Caton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	April 7, 1912

FATHER	MOTHER
FULL NAME Francis Caton	FULL MAIDEN NAME Elizabeth McConnell
RESIDENCE 1616 No 13 Boise	RESIDENCE 1616 No 13 Boise
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Block Wells Missouri	BIRTHPLACE St Louis Missouri
OCCUPATION Laborman	OCCUPATION H. D. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Sutton

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 8-26 1913 M S Parker

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S./Bo. 11-C—10m-8-11

497112-001-914

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1911, 1119 St.

Registration District No 2 File No. 16395

Primary Registration District No. 1004 Registered No. 276

Hospital

FULL NAME OF CHILD Clive Ivan Diggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	August 12 1913

FATHER		MOTHER	
FULL NAME	William E Diggs	FULL MAIDEN NAME	Olive Ramey
RESIDENCE	1911-N 19 St.	RESIDENCE	1911 N 19 St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Missouri
OCCUPATION	Foreman at Gas plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 4-3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) L. L. Williamson M.D.
(Physician or Midwife)

Address 824 Franklin St.

Filed 8-26-13 M. L. Parker
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

662-117001-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16396

Primary Registration District No. 1004 Registered No. 277

FULL NAME OF CHILD Edwin Moss Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Aug 17, 1913

FATHER		MOTHER	
FULL NAME	Chas Joseph Foster	FULL MAIDEN NAME	Mary Moss
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) L. L. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin

Filed 8-26 1913 M. L. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 26 1942

Form V.S. No. 11-C—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

469-210+001-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 922, Fort St.

Hospital ✓

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16397

Registration District No. 2 File No.

Primary Registration District No. I004 Registered No. 278

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	✓	2	Yes	8 (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Percy Mottenley	FULL MAIDEN NAME	Emily Hollis
RESIDENCE	922 Fort	RESIDENCE	922 Fort St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Northeastershire Eng	BIRTHPLACE	Windsor Eng
OCCUPATION	Butter Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Forney

(Physician or ~~Midwife~~)

Given names added from a supplemental report

, 19

Address

Filed 8-26 1913 M. S. Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

DUP OF 1913 - 98908A

349-218.001-444

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsis

Registration District No. 2

Primary Registration District No. 1004

File No. 16398

Registered No. 280

FULL NAME OF CHILD Edith Anna Curtis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug. 18th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Curtis	FULL MAIDEN NAME	Marie Dudek
RESIDENCE	Idaho City	RESIDENCE	Idaho City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Machinist	OCCUPATION	Housework

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19...

..... Registrar

(Signature) [signature]

Physician (Physician or midwife)

Address Falk Bldg.

Filed 8-28 1913 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 16

396-217-001-243

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16399

Primary Registration District No. 1004 Registered No. 281

FULL NAME OF CHILD FRANCES EUGENIA Cross

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Aug (Day) 17 (Year) 1913
Female		Yes	

FATHER		MOTHER	
FULL NAME	Frank B. Cross	FULL MAIDEN NAME	Nettie Katherine Sullivan
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~~27~~ 58	AGE AT LAST BIRTHDAY (Years)	~~28~~ 27
BIRTHPLACE	ILLINOIS ~~Baker Co. Oregon~~	BIRTHPLACE	BAKER COUNTY, OREGON ~~Illinois~~
OCCUPATION	ACCOUNTANT ~~Housewife~~	OCCUPATION	HOUSEWIFE ~~Accountant~~

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. W. F. Smith

(Physician or Midwife)

Given name added from a supplemental report

..... 19...

Address Boise

Filed 8-28 1913 M. S. Parker

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 16399

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Frances Eugenia Cross (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Frances Eugenia Cross
Mother's birth place	Illinois	Baker County, Oregon
" age	38	27

Subscribed and sworn to before me this 3rd
day of February, 1943

Pauline Ambrose
Notary Public, residing at Boise

My commission expires 1/14/47
(SEAL)

Signed Lillie Sullivan
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 3 1943

893-21-10042 59

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ....., ... St.

Hospital St. Lukes

Registration District No. 2

Primary Registration District No. 1004

File No. 16400

Registered No. 282

FULL NAME OF CHILD Mary Estelle Hill

Sex of Child	Twin, Triplet or other?	Child	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	—	yes	Aug 18 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Harry H Hill	FULL MAIDEN NAME Cornelia Keiser
RESIDENCE 522½ N 7th	RESIDENCE 522½ N 7th
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Kan	BIRTHPLACE Ore
OCCUPATION Lithographer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn). at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Rhase

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 8-29-13 M. L. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m 8-71

STATE OF IDAHO

PLACE OF BIRTH

MAY 18 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 18

Primary Registration District No. 2102

File No. 16401

Registered No. —

FULL NAME OF CHILD Mary Ann Hellewell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	Aug. (Month) 29th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James B. Hellewell	FULL MAIDEN NAME	Elizabeth E. Liechty
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley, Idaho

Filed Sept 28 1913 V. P. Killeen Registrar

Registrar

S-Y CO. 20174

K

[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

City of Minnesota

[illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED APR 15 1965 Bureau of Vital Statistics

State of IDAHO
County of Minidoka } ss.

Certificate No. 16401

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hellewell (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 29, 1913 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mary Ann Hellewell

Subscribed and sworn to before me this 12 day of April, 1965

Helen Clark

Notary Public, residing at Rupert, Idaho

My commission expires ~~Feb. 28,~~ 1966 10-1-1966

(Seal)

Signed Elizabeth Hellewell

Mother (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Heyburn, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Minidoka } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of April 1965

Helen Clark

Notary Public, residing at Rupert, Idaho

My commission expires 10-1-1966

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Rupert, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 4-6-65. one copy pd. rec. #10175.

L.D.S. Church Cert. of Baptism and Confirmation, Sept. 4, 1921 gives full name as Mary Ann Hellewell, daughter of James B. Hellewell and Elizabeth S.E. Liechty, born Aug. 29, 1913 at-Heyburn, Idaho - viewed by V.S.

APR 28 1965

Statement from Camden B. Meyer, Supt. of Schools, Minidoka County Schools, Rupert, Idaho, dated April 12, 1965 states "According to the Minidoka County School records, Mary Ann Hellewell was born Aug. 29, 1912, at Heyburn, Idaho, the daughter of James B. Hellewell and Elizabeth Liechty Hellewell. She attended the Minidoka County Schools from the third grade beginning in the fall of 1924 through her Junior year of High School. Her elementary attendance was at the presen Heyburn Elementary School and her high school attendance was at the old Heyburn High School, which is presently a part of Minidoka County High School." - viewd by V.S.

753-108-034-446

PLACE OF BIRTH

Form V. S. No. 11-O-24m-6-26-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

Registration District No. 18 File No. 16412

Primary Registration District No. 2102 Registered No. 4

FULL NAME OF CHILD Harold Ernest ~~Petitt~~ Pettit

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			8 18 1913

FATHER		MOTHER	
FULL NAME	C. E. ~~Petitt~~ Pettit	FULL MAIDEN NAME	Maud Duff
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housefwf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Sept. 25 1913 V. R. Killen Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1954

415-216-034952

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 16403

Primary Registration District No. 2102 Registered No. 3

FULL NAME OF CHILD JEANET ALICE Manning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	8 16 1913

FATHER		MOTHER	
FULL NAME	Chas Manning	FULL MAIDEN NAME	Clara Rebuy
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killam

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept. 30 1913 V. P. Killam

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho Utah } ss.
County of Minidoka Weber }

Certificate No. 16403
Date Filed Mar. 24, 1942

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Jeanet Alice Manning (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on Aug. 16, 1913. (DATE OF EVENT)
in Heyburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Blessing Certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ~~Sept~~ Oct 2, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Manning	Jeanet Alice Manning

Subscribed and sworn to before me this 24
day of Mar., 1942.
Emma Meyerhoffer
Notary Public, residing at Ogden, Utah
My commission expires April 23, 1945
(SEAL)

Signed Clara Reberg Manning (mother)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
3025 Wash. Blvd. Ogden, Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho Utah } ss.
County of Minidoka Weber }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of March, 1942.
Emma Meyerhoffer
Notary Public, residing at Ogden, Utah
My commission expires April 23, 1945
(SEAL)

Signed Homer Alva Tate
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
3156 Washington Blvd
(STREET ADDRESS, CITY, STATE)
Ogden Utah.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO
Form V. S. No. 11-C—15m-6-20-11
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Glenn's Ferry Registration District No. 35 File No. 16404

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Lucius Sanders Flint

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	Sept. 19th 1913

FATHER	MOTHER
FULL NAME Lucius L. Flint	FULL MAIDEN NAME Lyna L. Sanders
RESIDENCE Glenn's Ferry	RESIDENCE Glenn's Ferry.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE America	BIRTHPLACE America
OCCUPATION Tel Operator	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept. 19. 1913 at 3:30 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.
Physician
(Physician or Midwife)
Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 19th 1913 J. W. Davis
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified copy issued 2-20-1941, dp

716-102-020-864

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 35 File No. 16406

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Jack Byron Egording

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	yes	Sept. 2nd, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chris. H. Egording	Nellie Young.
RESIDENCE	Glenn's Ferry.	Glenn's Ferry.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	America	America
OCCUPATION	Fireman O.S.L.R.R.	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Sept. 2nd 1913 at 5 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho.

Given names added from a supplemental report

....., 19....

Filed Sept. 2nd 1913 J. W. Davis

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 28 1976

DUPCO 1913-392894

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

015-035-693

[redacted] BIRTH

[redacted] Nez Perce

City of

No. St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 16407

Primary Registration District No. 2174 Registered No.

FULL NAME OF CHILD Mamie Rowland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
T	10	Yes	Sept 15 1913

FATHER		MOTHER	
FULL NAME	Chas. Rowland	FULL MAIDEN NAME	Flora Williams
RESIDENCE	Webb	RESIDENCE	Webb
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ark	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mamie Rowland (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley
Lapwai, Ida
(Physician or midwife)

Given names added from a supplemental report

Chas Rowland

Address Webb

John N. Alley
Registrar

Filed Sept 16 1913

Registrar

S-V CO. 20174

[redacted]

819-220-035-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Bayview

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 16408

Primary Registration District No. 2174 Registered No. _____

FULL NAME OF CHILD Nellie C Hammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2	Yes	Sept 20 1913

FATHER		MOTHER	
FULL NAME	G. H. Hammer	FULL MAIDEN NAME	Nellie Hammer Larkin
RESIDENCE	Bayview Ida	RESIDENCE	Bayview Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Md	BIRTHPLACE	Md
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer G. Braddock

Lewiston Ida

(Physician or midwife)

Given names added from a supplemental report

J. N. Alley 19__

Address Lapwai

Filed Sept 22 1913

John N. Alley
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864 [redacted] 12-293

[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City [redacted] 18 [redacted]

Registration District No. 38 File No. 16409

No. ..... St.

Primary Registration District No. 2086 Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Named Georgie Lauretta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G.		Yes.	Aug 31 1913

FATHER		MOTHER	
FULL NAME	Marion Young	FULL MAIDEN NAME	Stella Bickleshaupt
RESIDENCE	Teller Ida	RESIDENCE	Teller Ida
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Was
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P.M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1913 A A Newberry

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

JUN 8 1970

895-128-042-253

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

FULL NAME OF CHILD Harold Not Named Hinckley

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 38

File No. 16410

Primary Registration District No. 2086

Registered No. .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Aug 28 1913

FATHER		MOTHER	
FULL NAME	Frank Hinckley	FULL MAIDEN NAME	Elizabeth Beck
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ny	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 30 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 19 13 A A Newberry

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

(Years)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-207-042-154

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 16411

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Marcon Case

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
G.		Yes	Aug 7 1913

FATHER		MOTHER	
FULL NAME	Clarence Case	FULL MAIDEN NAME	Emma Anderson
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	N	COLOR	N
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1913 A A Newberry

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 1 1971

MAR 28 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-106-4-259

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 16-C—Rev. 2-15-12

Registration District No. 38 File No. 16412

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD Alfred Wilmer Newberry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B.		Yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	Alfred A. Newberry	FULL MAIDEN NAME	Freada L Berger
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	This
OCCUPATION	M. D.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alfred A Newberry

..... (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Aug 1913 A A Newberry

..... Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Revised 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312 .205 [redacted]

PLACE OF BI[redacted] [redacted]TATISTICS [redacted]

County of Adam[redacted] BIRTH

City of Council

Registration District No. 4 File No. 16413

No. St.

Primary Registration District No. 2011 Registered No. 96

Hospital

FULL NAME OF CHILD Venice Lakey

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	yes	Sept (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Lakey	FULL MAIDEN NAME	Ruth Kitselman
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H&W

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 9:15 1913 Frank E. Brown Registrar

..... Registrar

S-Y CO. 20174

K

[redacted]

296.128.202-387

PLACE OF BIRTH

[redacted] VITAL STATISTICS

[redacted]TIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-15-12

County of Adams

City of Council Indian Valley

Registration District No. 4 File No. 16414

No. St.

Primary Registration District No. 2011 Registered No. 95

Hospital

FULL NAME OF CHILD Dewey Lester Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	July (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. D. Brown	FULL MAIDEN NAME	Emma Cypert
RESIDENCE	Council Indian Valley	RESIDENCE	Indian Valley
COLOR	Wht AGE AT LAST BIRTHDAY 55 (Years)	COLOR	Wht AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Ark.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth Seven Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Brown

Father (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 9:15 1913 Frank E. Brown Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 4-1

STATE OF IOWA
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO)
) SS. AFFIDAVITS FOR CORRECTION OF A RECORD
COUNTY OF Washington)

AUG 14 1940

Emma Brown, of [illegible]

Being first duly sworn, deposes and says that She is Mother
(if related, specify degree,

of Dewey Lester Brown
if friend or otherwise, so state)

who was born in the city of Indian Valley, County of Adams
(was born, died)

on the 30th day of July, 1913, as stated in a certificate of Birth
birth or

filed by P. and E. Brown
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Council, County of Adams

Idaho, on the 15th day of Sept. 1913.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: That the date of July 30th, 1913 appearing on said Certificate should be July 28th, 1913.

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Date of July 28th, 1913, entered instead of July 3[illegible]

(SEAL)

Affiant Emma Brown

Address Cambridge, Idaho

Subscribed and sworn to before me this 13th day of August, 1940

Margaret Vogel
Notary Public

STATE OF IDAHO)
) SS.
COUNTY OF Washington)

Arthur Wilson of Cambridge, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Arthur Wilson

Address Cambridge, Idaho

Subscribed and sworn to before me this 13th day of August, 1940

(Seal)

Margaret Vogel
Notary Public

266-227

PLACE OF [redacted]

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Council

Registration District No. 4 File No. 16415

No. ..... St.

Primary Registration District No. 2011 Registered No. 94

Hospital .....

FULL NAME OF CHILD Helen Hazel KOONTZ

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	July 27th, 1913

FATHER		MOTHER	
FULL NAME	Luchis Koontz	FULL MAIDEN NAME	Bertha Alma Steffans
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	[illegible] (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown M D
(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 9 15 1913 Frank E Brown
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Nezperce } ss.

Certificate No. 16415

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (None) (Name on Original Certificate) who Was born (Was Born or Died) on July 27th 1913 (Date of Event)
in Council Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen Hazel Koontz
Date	Not given	July 27, 1913

Subscribed and sworn to before me this 19th
day of June, 19 42
Dayse Lewis
Notary Public, residing at Lewiston, Idaho
My commission expires January 4th, 1945
(Seal)

Signed Bertha Alma Koontz.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. #2, Lewiston, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of June, 19 42
Dayse Lewis
Notary Public, residing at Lewiston, Idaho
My commission expires January 4th, 1945
(Seal)

Signed L. B. Koontz.
(Signature of Any Credible Person Other Than Previous Year)

Rt. #2, Lewiston, Idaho
(Street Address, City, State)

JUN 22 1942

Corrected Z.J.

JUL 6 1942

JUN 24 1942

APR 26 1967

869.222.002-719

PLACE OF BIRTH

Form V. S. No. 1 D—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Goodrich

No. ..... St.

Hospital .....

Amended 6/13/75

Registration District No. 4

File No. 16416

Primary Registration District No. 2011

Registered No. 43

FULL NAME OF CHILD Edith Lussey Horrace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	July 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Horrace	FULL MAIDEN NAME	Jennie Parrish
RESIDENCE	Goodrich	RESIDENCE	Goodrich
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 9-15- 1913 Frank E. Brown Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended

MAY 29 1975

6 10 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 10 46 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of .....

Certificate No. 16416

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Edith Gussie (Name on Original Certificate) who was born (Was Born or Died) on July 22, 1913 (Date of Event)
in Goodrich, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith Gussie	Edeth Gussy Horrace

Subscribed and sworn to before me this 13th day of June, 1975

Notary Public, residing at Boise, Idaho

My commission expires July 12, 1976

(Seal)

Signed Robert L. Matthews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of June, 1975

Notary Public, residing at Boise Idaho

My commission expires July 12 1976

(Seal)

Signed Robert L. Matthews
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Idaho State Board for Vocational Education , Boise Junior College , Boise Idaho, and St. Luke's Hospital dated Jan. 3, 1963 Certifiecate for Practical Nurse Training, Signed by George E. Denman , State Director, Vocational Education. Viewed by VS (Gives name as Edeth Gussy Buffington.)

JUN 13 1975

Notification of Birth Registration , Boise, Idaho Delmer Eugene Buffington born Mar. 28, 1937 at Caldwell, Idaho Male No. 252935(File No.) Father Elmer Perry Buffington, mother Edeth Gussy Horrace.
Viewed by VS

169-211-002-458

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 16417

Primary Registration District No. 2011 Registered No. 87

FULL NAME OF CHILD Helen Louise Jordan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	yes	June (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry Jordan	FULL MAIDEN NAME	Margret DeHart
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	N. Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:25 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 9-16 1913 Frank E. Brown
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-a

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of ...)

RESERVED FOR
RADIO LINK - THIS IS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419-210.002-466

BUREAU OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4

File No. 16418

No. ..... St.

Primary Registration District No. 2011

Registered No. 88

Hospital .....

FULL NAME OF CHILD. Audrey Mary Marks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 10 191.

FATHER

FULL NAME: Wm. Marks

RESIDENCE: Council

COLOR: Wht. AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: ~~Missouri~~ Oakwood, OHIO

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nellie Downs

RESIDENCE: Council

COLOR: Wht AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Dallas Oregon

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Marks

Father

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-15- 19 13 Frank R. Brown Registrar

[redacted]

BUREAU OF VITAL

BIRTH

[redacted] BIRTH

[redacted]

OCT 8

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Adams (b) City Council
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home: parents' Home
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 1 years 5 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Adams
   (c) City Council
   (d) Street Address or R.F.D. No. none
   (e) How long has **MOTHER** lived in Idaho? 1 5/12 yrs.

3. **RESIDENCE OF FATHER** (city, state) Council, Idaho

4. **FULL NAME OF CHILD** AUDREY MAE MARKS

5. Date of Birth of Child (Month, day, year) Feb. 10, 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** William M Marks
11. Color or Race white
12. Age at time of THIS birth 40 yrs.
13. Birthplace Oakwood, Ohio (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business / Farming

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nellie L. Downs
17. Color or Race white
18. Age at time of THIS birth 23 yrs.
19. Birthplace Dallas, Oregon (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home Making

22. Name prophylactic used to prevent Ophthalmia Neonatorum not known
23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at 7 P M. on the date and at the place stated above, and that personal particulars were furnished by Nellie L. Marks (First name) (Last name), who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature Maud Fletcher MRX Midwife Address Council, Idaho Date 9-25-1943

State of Idaho
County of Adams } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for 30 years, and that ..... (First name) ..... (Last name), who attended this birth ..... (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs Nellie L. Marks Signature

Fruitvale, Idaho P. O. Address

Subscribed and sworn to before me this 25th day of September, 19 43

(SEAL) ..... Notary Public, residing at Council, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on ..... by ....., Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

113-167-002-154

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

Registration District No. 4

File No. 1641

No. ..... St.

Primary Registration District No. 2011

Registered No. 89

Hospital

FULL NAME OF CHILD Leslie L. Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	May 7 1913

FATHER		MOTHER	
FULL NAME	Chas. L. Jackson	FULL MAIDEN NAME	Edith Andrews
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Kans.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician in attendance

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 15 1913 Frank E. Brown

..... Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDIN[illegible]

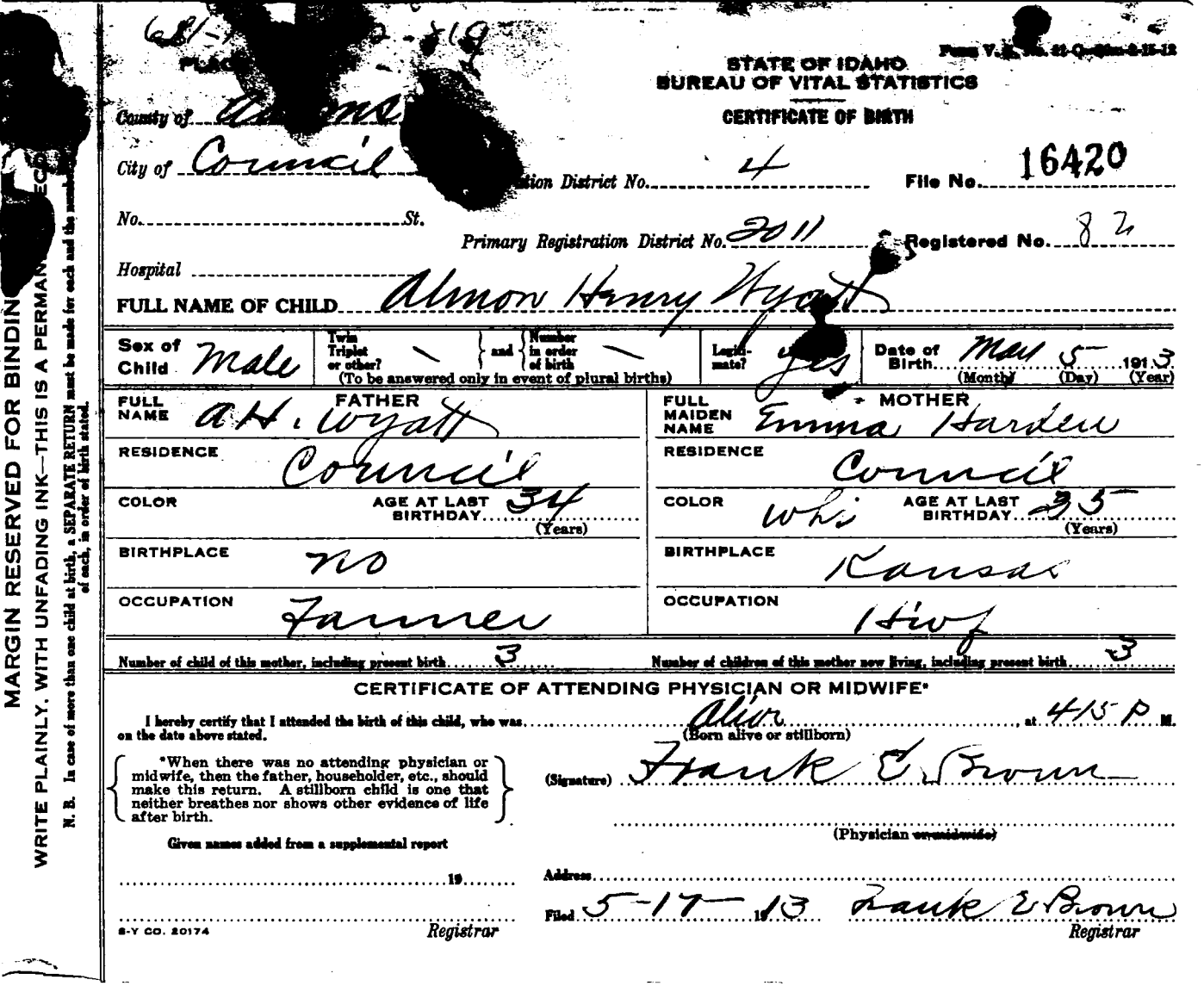
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMAN[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

681-[illegible]-819

PLAC[illegible]

Form V. [illegible] No. 21-Q-[illegible]-2-15-12



STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ad[illegible]ons

City of Council [illegible]tion District No. 4 File No. 16420

No. ..... St.

Primary Registration District No. 2011 Registered No. 82

Hospital .....

FULL NAME OF CHILD Almon Henry Wyatt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	May 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. H. Wyatt	FULL MAIDEN NAME	Emma Harden
RESIDENCE	Council	RESIDENCE	Council
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR	Whi AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	No	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 5-17-1913 Frank E. Brown

Registrar

Registrar

8-Y CO. 20174

JAN 24 1975

OCT 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36 X 106 002-819

PLACE OF BIRTH

Form V. S. No. [illegible] 60m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 16421

Primary Registration District No. 2011 Registered No. 84

FULL NAME OF CHILD Myrle Tomlinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1	yes	June (Month) 1 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Tomlinson	FULL MAIDEN NAME	May Emma Harris
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Plasterer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 9-16-1913 Frank E Brown Registrar

Registrar

8-Y CO. 20174

[redacted]

PLACE OF BIRTH

County of

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No.41-Corrected-3-15-[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294 DF 00

PLACE OF BIRTH

[redacted]

County of Adair

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 16422

Primary Registration District No. 2011 Registered No. 85

FULL NAME OF CHILD Lois Katherine Kidwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				June 3 1913

FATHER		MOTHER	
FULL NAME	J. A. Kidwell	FULL MAIDEN NAME	Anna Bunter
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy alive (Born alive or stillborn) on the date above stated, at 9 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 9-15 1913 Frank E. Brown Registrar

Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6-7-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 7 1 59 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16422

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lois Katherine Kidwell (Name on Original Certificate) who was born (Was Born or Died) on omitted (Date of Event)
in Caouncil Council (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	omitted	June 3, 1913

Subscribed and sworn to before me this 7th day of June, 1973

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-74

(Seal)

Signed Clarence A. Parker

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

421 So. Curtis Rd - Boise, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Family Record gives date of birth for Lois Katherine Kidwell as June 3, 1913. She was born to J. A. Kidwell and Anna Kunter. Family Record obviously old. Viewed by V.S.

Operator's licens of California # G578378 issued May 9, 1961 gives name as Lois Katherine Johnson born June 3, 1913.
Viewed by V.S.

JUN 7 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-24-002-449

PLACE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 15-C—[illegible]-8-15-12

16423

Registration District No. 4 File No. .....

Primary Registration District No. 2011 Registered No. 83

FULL NAME OF CHILD Roy Moser

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			3	Yes	May (Month) 24 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar Moser	FULL MAIDEN NAME	Ida Duree
RESIDENCE	Council	RESIDENCE	Council
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Idaho	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Council Ida

Filed 9-15- 1913 Frank E. Brown Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-12-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 24 1942

County of

893-[redacted]02-493

PLAC[redacted]

Form V. S. No. [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

16424

County of Adams

City of Council

Registration District No. 4

File No.

No. St.

Primary Registration District No. 2011

Registered No. 98

Hospital

FULL NAME OF CHILD Leonard Gordon Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Lee Hill	FULL MAIDEN NAME	India Miller
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wyo.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M.D.
(Physician or midwife)

Address Council

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 7-15 1913 Frank E. Brown
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEC 18 1956

367-109-002-25

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16425

County of Adams

City of Mesa

Registration District No. 4 File No.

No. St.

Primary Registration District No. 2011 Registered No. 91

Hospital

FULL NAME OF CHILD Yardell Vernon Cope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	July 9 1913

FATHER

FULL NAME: Roy Cope

RESIDENCE: Mesa

COLOR: Wht AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Mo.

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Pearl Seeley

RESIDENCE: Mesa

COLOR: Wht AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Mo

OCCUPATION: House wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

(Signature) Frank E. Brown M. D.

(Physician or midwife)

Address Council

Filed 7-15-1913 Frank E. Brown Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16425

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Gardell Vernon Cope (Name on Original Certificate) who was born (Was Born or Died) on omitted (Date of Event)

in Mesa, Idaho (Adams Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	omitted	July 9, 1913

Subscribed and sworn to before me this 27th day of July, 19 76

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Mary Jane Cope

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

Own childs birth certificate on file with the State of Idaho, # -285855 gives name of father as Gardell Vernon Cope age 26 at time the child was born in October 14, 1939. This gives us the correct year of birth as 1913.
Viewed by V.S.

JUL 27 1976

Statement regarding family records gives name as Gardell Vernon Cope also known as Pete Cope born July 9, 1913, to Roy Cope and Pearl Seeley. Original record, old. Statement notorized July 8, 1976.
Viewed by V.S

651-2 08-202-693

PLACE OF BIRTH

Form U. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4

File No. 16426

Primary Registration District No. 2011

Registered No. .....

FULL NAME OF CHILD Pearl Featherstone

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Sept (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Featherstone	FULL MAIDEN NAME	Pearl Wiloughby
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY 37 (Years)	COLOR	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Neo	BIRTHPLACE	Iowa
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Council

Filed 9-15 1913 Frank E. Brown
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 19 1969

154.109.002-869

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Registration District No. 4

File No. 16427

Primary Registration District No. 2011

Registered No. 43

Hospital .....

FULL NAME OF CHILD Sherman Dale

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 9 1913

FATHER		MOTHER	
FULL NAME	I. A. Andrew	FULL MAIDEN NAME	Sarah Horn
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M. D.

(Physician or midwife)

Address Council

Given names added from a supplemental report

..... 19.....

Filed 9-15- 1913

..... Registrar

Frank E. Brown Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 25

16427

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Adams (b) City Indian Valley
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth
(a) State Idaho (b) County Adams
(c) City Indian Valley
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 63 yr
(f) Mother's mailing address Indian Valley Idah

3. RESIDENCE of FATHER (city, state) same

4. FULL NAME OF CHILD Sherman Dale Andrews

5. Date of Birth (Month, day year) Sept 9 1912

Sex male | **7.** Twin or Triplet | If so—born 1st, 2nd, 3rd | **8.** No. months of Pregnancy 7 mos | **9.** Legitimate?

FATHER OF CHILD

10. FULL NAME Isaac Orin Andrews

11. Color or Race White

12. Age at time of THIS birth 51 yrs.

13. Birthplace Salt Lake (City or town) Utah USA (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Sarah Ann Haran

17. Color or Race white

18. Age at time of THIS birth 41 yr

19. Birthplace Iron County (City or town) Utah USA (State or foreign country)

20. Exact Occupation housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child ..... (b) Born alive and now living .....
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the dat
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who i
related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.I
and address ..... (D.O., Midwife, etc) Date

State of California } ss.
County of Riverside }

AFFIDAVIT To be completed when the attendant at birth i
NOT LIVING or CANNOT BE LOCATED

I, Sarah Ann Andrews, being first duly sworn, say that I am related (Related to (or) acquainted with)
& this child (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificat
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the fact
contained therein are true to the best of my knowledge. I further state that ..... (Name of attendant at birth), who attende
said birth ..... (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Sarah Ann Andrews ..... Signatu
R2 Box 537 Riverside Calif ..... P. O. Addre

Subscribed and sworn to before me on this 17 day of June, 1948
(SEAL) Justice of the Peace residing at Riverside Ca

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, ~~such report may be received and filed by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

762-210 002-219

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

No. ..... St.

Hospital .....

Registration District No. 4

File No. 16428

Primary Registration District No. 2012

Registered No. 86

FULL NAME OF CHILD Mildred Zoe Post

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	June (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alex. L. Post	FULL MAIDEN NAME	Pearl Barham
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin MD

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address New Meadows, Ida.

Filed July 11 1914 T. E. Martin

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 26 1942

MAY 4 1945

OCT 25 1972

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 1642
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Adams (b) City New Meadows
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Adams
(c) City New Meadows
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
3. RESIDENCE OF FATHER (city, state) same

FULL NAME OF CHILD Mildred Zoe Post
5. Date of Birth of Child (Month, day, year) June 10, 1913
Sex female
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD

). **FULL NAME** Alexander Lucas Post
1. Color or Race white
12. Age at time of THIS birth 40 yrs.
3. Birthplace Black Oak, (City or town) Missouri (State or foreign country)
4. Exact Occupation farmer
5. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Pearl Barham
17. Color or Race white
18. Age at time of THIS birth 30 yrs.
19. Birthplace Braymer, (City or town) Missouri (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 5

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.).

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Washington
County of King } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 61 years of age, that I have known this person for 28, plus years, and that Dr. (First name) Martin (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Pearl McKesson Signature
1015½ Pike St., Seattle, Washington P. O. Address

Subscribed and sworn to before me this 22nd day of June, 19 42
(SEAL) Katherine C. Nelson Notary Public, residing at Seattle, Wash.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

ceived for filing on by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report any birth which has occurred subsequent to such date,~~ such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 16429

Primary Registration District No. 2011 Registered No. 92

FULL NAME OF CHILD Merle Edward Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	July 16 1913

FATHER		MOTHER	
FULL NAME	Chas J. Cole	FULL MAIDEN NAME	Rose Orcutt
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kan.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8/10 1913 Frank E. Brown Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-9-15-58

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

JUN 19 1962

JUN 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

599-[illegible]-1002-[illegible]19

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adams

City of Fruitvale

Registration District No. 4 File No. 16430

No. ..... St.

Primary Registration District No. 2011 Registered No. 98

Hospital .....

FULL NAME OF CHILD Dathel Lee ERICKSON

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1 (To be answered only in event of plural births)		July (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Oscar Erickson	FULL MAIDEN NAME	Gladys Carroll
RESIDENCE		RESIDENCE	Fruitvale
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	unknown	BIRTHPLACE	Idaho
OCCUPATION	Actor	OCCUPATION	H.W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

M D
(Physician or midwife)

Address Council

Filed 9-15 1913 Frank E. Brown
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

JAN 24 1942

APR 20 1960

JUL 19 1944

395-128-002-457

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley Registration District No. 4 File No. 16431

No. ..... St.

Primary Registration District No. 2011 Registered No. 97

Hospital .....

FULL NAME OF CHILD Oliver Clayton Linder

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	7 (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Oliver E Linder	FULL MAIDEN NAME	Sophia Degraw
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Hopper

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed 9-15 1913 Frank E Brown Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

259-127-037-755

PLACE OF BIRTH

County of Owyhee

City of Ruddle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 44 File No. 16433

Primary Registration District No. 2121 Registered No. 10

FULL NAME OF CHILD Robert Lyle Bertschy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Sept 27 1913

FATHER		MOTHER	
FULL NAME	George Bertschy	FULL MAIDEN NAME	Belle Pennington
RESIDENCE	Ruddle Idaho	RESIDENCE	Ruddle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Riding	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John Bentham

Midwife
(Physician or midwife)

Given name added from a supplemental report

Oct 4 1913

J C Bartlett
Registrar*

Address .....

Filed Oct 4 1913 J C Bartlett
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

789-127-007-255

PLACE OF BIRTH

STATE OF [redacted]

Bureau of Vital [redacted]

CERTIFICATE O[redacted]

Form V. S. No. 11—10m-8-30-11

County of Blaine

City of Carey

Registration District No. 21

File No. 16434

No. ....., ... St.

Primary Registration District No. 2025

Registered No. 92

Hospital .....

FULL NAME OF CHILD Willard Dean Shiffen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 27, 1913

FATHER		MOTHER	
FULL NAME	Hyrum Clarance Shiffen	FULL MAIDEN NAME	Rose Hanner Bennett
RESIDENCE	Carey Ida	RESIDENCE	Carey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Elmy Wyoming
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:48 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. L. B. Howard

Midwife
(Physician or Midwife)

Address Carey Idaho

Filed Oct. 1 19.13 Robert H. Wright
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1942

FEB 5 1975

249-227-007-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 16435

Primary Registration District No. 2022 Registered No. 93

FULL NAME OF CHILD Elma Margorie Burnam

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female			yes	Sep (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. R. Burnam	FULL MAIDEN NAME	Elma Johnson
RESIDENCE	Blaine Idaho	RESIDENCE	Blaine Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	State of Washington	BIRTHPLACE	State of Washington
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8-15 a. M. on the date above stated.

(Signature) J. J. Raef M.D.

(Physician or midwife)

Address Hailey Idaho

Filed Oct 1 1913 Robt H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MAR 22 1966

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 28 1963

141-116-007-151

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O—[illegible]

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 16436

Primary Registration District No. 2022 Registered No. 94

FULL NAME OF CHILD John Amaral

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 16 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Joe Amaral	FULL MAIDEN NAME	Annie Avala (?)
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Portugal	BIRTHPLACE	Portugal
OCCUPATION	Sheepherder	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 30 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kleinman, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Oct 1 1913 Robt H. Wright

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

236-21-007-318

[redacted]

V. S. No. 11-C—20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 21 File No. 16437

Primary Registration District No. 2022 Registered No. 95

FULL NAME OF CHILD Alice Elaine Stoddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Sept 14 1913

	FATHER	MOTHER
FULL NAME	John W. Stoddard	FULL MAIDEN NAME Geneva A Taylor
RESIDENCE	Hamett	RESIDENCE Hamett
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	36 (Years)	39 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Kennamer M.D.

(Physician or midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 1 19 13 Robt H. Wright

Registrar

..... Registrar

B-Y CO. 20174

1/20/41 L. B.

MAR 3 - 1954

DEC 7 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 16438

Primary Registration District No. 2022 Registered No. 96

FULL NAME OF CHILD Eleanor Marie Becker

Sex of Child: Female

Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of birth: Sept 22 (Month) (Day) 3 (Year) 191

FATHER

FULL NAME: Jerry Becker

RESIDENCE: Hailey Ida

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Sheepowner

MOTHER

FULL MAIDEN NAME: Rose Ella Board

RESIDENCE: Hailey Ida

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 27 19 13 Robt H. Wright

Registrar

.....

Registrar

S-Y CO., 16670

Civil ...

No. ...

236-109-022-319

PLACE OF BIRTH

County of Fremont

City of La Belle

No. ..... St.

Hospital .....

[redacted] STATE OF IDAHO
[redacted] OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-13

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 16439

Primary Registration District No. 2176 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ed. Scott	Monona Carpenter
RESIDENCE	La Belle	La Belle
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray M. Finker

(Physician or midwife)

Address Rigby - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 10 1913 Ray M. Finker Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

363-201-022-753

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 16440

Primary Registration District No. 2176 Registered No. 64

FULL NAME OF CHILD Alton Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Oct 9 1913

FATHER		MOTHER	
FULL NAME	Horatius Cole	FULL MAIDEN NAME	Marie Peck.
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah.	COLOR	W.
OCCUPATION	School teacher.	AGE AT LAST BIRTHDAY (Years)	28.
		BIRTHPLACE	Utah.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.15 P. M. on the date above stated.

(Signature) G. C. Roxton

(Physician or midwife)

Address Rigby - Idaho.

Filed Oct 10 1913 J. Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-18-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 1 1976

FEB 27 1945

917-102-022-318

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 16441

Primary Registration District No. 2176 Registered No. 65

FULL NAME OF CHILD Elmer Delmar Rapp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Oct 2 1913

FATHER		MOTHER	
FULL NAME	Ezra E. Rapp.	FULL MAIDEN NAME	Sophia A Taylor
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	S. Dakota.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.45 A. M. on the date above stated.

(Signature) G. C. Paxton M.D.

(Physician or midwife)

Address Rigby Idaho

Filed Oct 10 1913 Ray H. Fisher M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

Registered No.

PLACE OF BIRTH

County of

DR

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795103.022-291

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital

Registration District No. 98 File No. 16442

Primary Registration District No. 2176 Registered No. 66

FULL NAME OF CHILD Morris Sylvan Pierson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Oct 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sylvan Pierson	FULL MAIDEN NAME	Vera Bradley
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Oct 10 1913 J Ray Fish MD

Registrar

Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-8-1942

APR 27 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) .....

(City of) .....

291-229-022-414

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 98 File No. 16443

Primary Registration District No. 2176 Registered No. 67

FULL NAME OF CHILD Ruth Bramwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Sept 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Frank Bramwell	FULL MAIDEN NAME	Vera Madsen
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby - Ida

Filed Oct 10 1913 Ray H. Fisher

Registrar

Registrar

R-Y CO. 20175

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1966

415-124102-613

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont.

City of Annis

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 16444

Primary Registration District No. 276 **Registered No.** 68

FULL NAME OF CHILD Irving Davies.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes.	Sept 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Irving F. Davies.	FULL MAIDEN NAME	Frances H. Watts.
RESIDENCE	Annis.	RESIDENCE	Annis.
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 2[illegible] (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Oct 10 1913 Ray S. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County

ORO

FEB 11 1957

NOV 14 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Nemont

City of Annis.

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 16445

Primary Registration District No. 2176. Registered No. 69.

FULL NAME OF CHILD Lena Lufkin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Sept 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Lufkin	FULL MAIDEN NAME	Kate Watson
RESIDENCE	Annis	RESIDENCE	Annis.
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Oct 10 1913 Ray H Fisher

Registrar

Registrar

8-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

6-18-6

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
APR 4 1969
Bureau of Vital Statistics

Certificate No. 16445

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lufkin (Name on Original Certificate) who was born (Was Born or Died) on Sept. 22, 1913 (Date of Event)

in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lena Lufkin

Subscribed and sworn to before me this 19 day of February 1969

Lyle Whiting

Notary Public, residing at Rigby, Idaho

My commission expires 6-28-72

(Seal)

X Signed Lena Lufkin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Certificate of Baptism and Confirmation certified that Lena Lufkin daughter of J. Frank Lufkin and Katie Watson born Sept. 22, 1913 at Annis, Idaho was baptized July 1, 1922 by Warren Hall, Elder in L.D.S. Church. Confirmed July 2, 1922

APR 24 1969

Certificate of Blessing certifies that Lena Lufkin was born Sept 22, 1912 at Annis, Idaho and Blessed Jan 4, 1914 by Elder Geo A. Browning of the L.D.S. Church.
Viewed by V. S.

366-218-022-316

PLACE OF BIRTH

County of Fremont.

City of La Belle.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[redacted]

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 16446

Primary Registration District No. 2176. Registered No. 70

FULL NAME OF CHILD Geraldine Fowler.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Sept 18, 1913

FATHER		MOTHER	
FULL NAME	Shelby Fowler.	FULL MAIDEN NAME	Jemima Lawson.
RESIDENCE	La Belle.	RESIDENCE	
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Address Rigby - Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 10 19 13 Ray H. Fisher.
Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1975

545-116-022-753

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont.

City of Gorfield.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 16447

Primary Registration District No. 2176. Registered No. 71.

FULL NAME OF CHILD Niels Peter Nielson Jr.

Sex of Child	Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Niels Peter Nielson	FULL MAIDEN NAME	Olivia Peterson.
RESIDENCE	Rigby.	RESIDENCE	Gorfield.
COLOR	W. AGE AT LAST BIRTHDAY 46. (Years)	COLOR	W AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Norway.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 7. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton.

(Physician or midwife)

Address Rigby - Ida.

Filed Oct 10 1913 Ray H Fisher
Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended June 10, 1969

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16448
Local Reg. No. 72
Reg. Dist. No. 2176

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Menan, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lewisville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): MARCHANT b. (Middle): BALLANTYNE c. (Last): GREEN

4. SEX: male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 12, 1913

FATHER OF CHILD

7. FULL NAME a. (First): Gilbert b. (Middle): Marchant c. (Last): Green

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farm

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Eva b. (Middle): c. (Last): Ballantyne

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Eva Ballantyne Green

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. Milton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Menan, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness?

...STRAR in the district where the birth occurred WITHIN 10 days after the date of birth. ...e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8-2-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 16448

RECEIVED MAR 11 1969 Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Green (Name on Original Certificate) who was born (Was Born or Died) on Sept. 12, 1913 (Date of Event)
in LEWISVILLE, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Berth Certificate & Ins. (Bible Record, Insurance Policy, Etc.) prepared on February 22, 1969 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts) Green
child's name	Unnamed	Marchant Ballantyne Green
father's name	B. M. Green	Gilbert Marchant
childs birthplace	Lewisville, Idaho	Menan, Idaho

Subscribed and sworn to before me this 22nd day of February, 19 69

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Eva B Green

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route I, Box 303 - Rigby, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of February, 19 69

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Evelyn L. Graham

(Signature of Any Credible Person)

Route I- Box 303 - Rigby, Idaho

(Street Address, City, State)

FORM DH 60-155

Record of Membership the Church of Jesus Christ of Latter Day Saints gives child's name as Marchant Ballantyne Green. Born Sept. 12, 1913. Dated 1963. Viewed by V. S.

Insurance Policy from Federated Security Insurance Company gives name as Marchant B. Green. XXX Birth date Sept. 12, 1913. Dated Dec. 19, 1961. Viewed by V. S.

Insurance Policy from Federated Security Insurance Company gives XXX place of birth as Menan, Idaho. Dated Dec. 19, 1961.

Record of Membership with the Church of Jesus Christ of Latter Day Saints gives birth place as Menan, Idaho, County of Jefferson. Dated 1963. Viewed by V. S.

Record of Membership with the Church of Jesus Christ of Latter Day Saints gives father's name as Gilbert Marchant Green. Dated 1963. Viewed by V. S.

A child's birth certificate gives father's name as Gilbert Marchant Green, #De59-830. Evelyn Green. filed October 15, 1959. Viewed by V.S.

769-130-022-796

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98

File No. 16449

Primary Registration District No. 2176

Registered No. 73

FULL NAME OF CHILD Delbert LeRoy Pork

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Sept. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred H. Pork	FULL MAIDEN NAME	Cora Probert
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Fillmore

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lorenzo Idaho

Filed Oct 10 1913 Ray H. Fisk MD

Registrar

Registrar

CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DECEASED

363-517-022-168

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

[illegible] IDAHO
BUREAU OF [illegible]TAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

File No. 16450

Primary Registration District No. 2176

Registered No. 58

FULL NAME OF CHILD Eva Mary Lott

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
F	—	Yes	Sept. 17 (Month) (Day) (Ye[illegible])

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Lott	FULL MAIDEN NAME	Matilda Johnson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 20 a on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Menan, Ida.

Filed Oct. 10th 1913 Roy H. Fisher

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OF

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Jefferson } ss.

RECEIVED
MAY 6 1964
Bureau of Vital Statistics

Certificate No. 16450

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lott (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1913 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) ..., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Eva Mary Lott

Subscribed and sworn to before me this 31st day of October, 1963

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-66
(Seal)

Signed X Phyllis Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of October, 1963.

Notary Public, residing at Rigby, Idaho
My commission expires 8-31-66
(Seal)

Signed X Phyllis Scott
(Signature of Any Credible Person)

Route 1
Lorenzo, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 9-12-63. nm

L.D.S. Church Cert. of Birth, entered on record August 6, 1922 gives full name as Eva Mary Lott, born Sept. 17, 1913 at Menan, Idaho to John Smiley Lott and Otilda Jonson - viewed by V.S.

OCT 15 1964

Own Child's Birth Cert. on file: (Idaho Birth) #221068 gives full maiden name of mother as Eva Mary Lott - viewed by V.S.

764 119 022-633

PLACE OF BIRTH

County of Truman N

City of Roberts

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-8-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16451

Registration District No. 98 File No. _____

Primary Registration District No. 2176 Registered No. 59

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes.	Sept. 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. Paulsen	Minnie E. Ott.
RESIDENCE	Roberts	Roberts
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	37
BIRTHPLACE	Utah.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Murtaugh

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Oct. 10 1913 Roy S. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-230-022-319

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

No. ..... *St.*

Hospital .....

Registration District No. 98 **File No.** 16452

Primary Registration District No. 2176 **Registered No.** 60

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Sept. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Melvin [redacted]	FULL MAIDEN NAME	Lydia Cow.
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton,
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menon,

Filed Oct. 10 1913 Ray H. Fisher
Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-205-022-652

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16453

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. .....

Registered No. 61

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes.	Oct. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ollie Barnett	FULL MAIDEN NAME	Elizabeth Webber
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Menan

Filed Oct. 10 1913 Ray H. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-36-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tooele

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 16454

Primary Registration District No. 2176 Registered No. 62

FULL NAME OF CHILD HAZEL IRENE LIVERMORE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Oct. 5 1912

FATHER	MOTHER
FULL NAME L. N. Livermore	FULL MAIDEN NAME Minnie Clifford
RESIDENCE Menan	RESIDENCE Menan
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

Filed Oct 10 1913 Registrar

..... Registrar

R-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. ____

Sex of Child ____ Twin Triplet ____ and Number ____ Date of Birth ____ 191 (Month) (Day) (Year)

(To be answered only by Registrar)

FULL NAME ____ FATHER ____ FULL MAIDEN NAME ____ MOTHER ____

M.

Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.) FEB 19 1946

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Jefferson (b) City Menan
   (c) Street Address or R.F.D. No.
   (d) Name of Hospital or Maternity Home:
   (e) Mothers stay **BEFORE** delivery: In **THIS** county 10 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Jefferson
   (c) City Menan
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 43 yrs.

3. **RESIDENCE OF FATHER** (city, state) Menan Idaho

4. **FULL NAME OF CHILD** Hazel Irene Livermore

5. Date of Birth of Child (Month, day, year) Oct 5 1913

6. Sex Female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** LeRoy Kingsford Livermore
11. Color or Race White
12. Age at time of THIS birth 29 yrs.
13. Birthplace Logan Utah (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Minnie Alvira Clifford
17. Color or Race White
18. Age at time of THIS birth 28 yrs.
19. Birthplace North Ogden Utah (City or town) (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 11:30 P.M. on the date and at the place stated above, and that personal particulars were furnished by Minnie (First name) Livermore (Last name) who is related as Mother (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date Oct. 5-1913

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 61 years of age, that I have known this person for 31 years, and that Doctor (First name) Melton (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Minnie Livermore Signature
Menan Idaho P. O. Address

Subscribed and sworn to before me this 10th day of April, 1945
(SEAL)
George M. Lemon, Notary Public, residing at Menan Idaho
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by, Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

815-112-022-249

PLACE OF BIRTH

Form V. S. No. 11—10mF3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ammon.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 16455

Primary Registration District No. 2176 Registered No. 76

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Oct 12 1913

	FATHER	MOTHER
FULL NAME	Albert Hansen.	FULL MAIDEN NAME Ruby Smith
RESIDENCE	Ammon.	RESIDENCE Ammon
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Idaho	BIRTHPLACE Utah
OCCUPATION	Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Finke

(Physician or midwife)

Address Ririe, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 18 1913 Ray W. Finke Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-315547

Amended 4-7-61
PLACE OF BIRTH
396-112-022-296

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont
City of Rigby
No. ..... St.
Hospital .....

Registration District No. 98 File No. 16456
Primary Registration District No. 2176 Registered No. 75

FULL NAME OF CHILD Joseph Seymour Cromwell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Oct. 12, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Joseph William Cromwell	FULL MAIDEN NAME	Myrtle Brown
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) A. M. Palmer
Physician
(Physician or midwife)
Address Rigby, Ida.
Filed Oct. 12, [redacted] 1913 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 16456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cromwell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1913 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Joseph Seymour Cromwell
Full Name of Father	Joe Cromwell	Joseph William Cromwell

Subscribed and sworn to before me this 4th day of February, 1964

Notary Public, residing at Rigby Idaho

My commission expires 6-25-64

(Seal)

Signed J. L. Bowles
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2 Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1964

Notary Public, residing at Rigby Idaho

My commission expires 6-25-64

(Seal)

Signed Eldon L Cromwell
(Signature of Any Credible Person)

327 Idaho Ave
Rigby Idaho
(Street Address, City, State)

FORM DH 60-155 L 3-27-61. nm

L.D.S. Church Certificate of Membership, March 5, 1922 gives full name of child as Joseph Seymour Cromwell, born Oct. 12, 1913 at Rigby, Idaho to Joseph William Cromwell and Myrtle Larretta Brown - viewed by V.S.

Honorable Discharge Papers, Jan. 24, 1946 - United States Navy - gives full name as Joseph Seymour Cromwell, born Oct. 12, 1913 at Rigby, Idaho - date of enlistment, 4 May 1944 at Rigby, Idaho - viewed by V.S.

Another child's birth cert. on file,(Idaho Birth) #363442 gives full name of father as Joseph William Cromwell - viewed by V.S.

141-209-022-141

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 16457

Primary Registration District No. 2176. Registered No. 7

FULL NAME OF CHILD Faye Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	(To be answered only in event of plural births)			Yes.	June 9th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred E. Adams	FULL MAIDEN NAME	Pearl K. Adams.
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	England.	BIRTHPLACE	Wyoming.
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby - Ida

Filed Oct 10 1913 Ray H Fisher
Registrar

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH PERMANENT RECORD

N. B. In case of more than one [illegible] must be made for each and the number

Form V. S. No. 11—10m-3-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 12 1951

367-1[redacted]

PLACE O[redacted]

County of Koo[redacted]

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District [redacted]

Primary Registration [redacted] 1003

File No. 16458

Registered No. 5092

FULL NAME OF CHILD Lawrence Jose[redacted]

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	5-22-13 191

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
John F	Cox	Mary Reilly	
RESIDENCE	Coeud'alene	RESIDENCE	Coeur d'alene
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE		BIRTHPLACE	Canada
OCCUPATION	Contractor	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 10/10 1913 [signature]

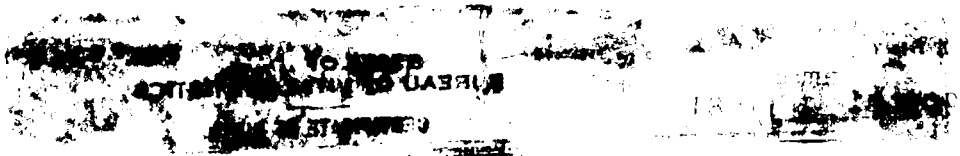
Registrar

R-T CO. 2017

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



11-9-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
DEC 2 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of WASHINGTON } ss.
County of SPOKANE }

Certificate No. 16458
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Cox (Name on Original Certificate) who was born (Was Born, Died, etc.) on 5-25-13 (Date of Event)

in Coeur d'Alene (Kootenai) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Lawrence Joseph Cox
date of birth	5-25-13	5-22-13
fathers name	Jno. Cox	John Francis Cox
mothers name	Unnamed	Mary Reilly

Subscribed and sworn to before me this 21 day of November, 1981.

Notary Public, R Walker
Residing at Spokane Wa.
My commission expires 11-22-82
(Seal)

John F. Cox
Signature of Applicant

E. 10823 [illegible]
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

1 cc 1 bc pd

Certificate of Baptism certifies that Lawrence Joseph Co_ son of J.F. Cox and Mary Reilly Cox born in Coeur d'Alene on 5-22-13 was baptised 6-22-13 in the Church of St. Thomas in Coeur d'Alene. Viewed by V.S.

DEC 11 1981

Affidavits signed by parents of Joseph L Cox on 1-6-42 . Parents Mary R Cox and John F Cox ages 30 & 35 at the time of his birth in Coeur d'Alene. Viewed by V.S.

Marriage record of Lawrence Joseph Cox born 5-22-13 to Virginia Miller on 8-7-37 at Our Lady of Lourdes Cathedral in Spokane, WA . Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH 689-115-028-000

County of Kootenai

City of Coeur dIalene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 12

File No. 16459

Primary Registration District No. 1008

Registered No. 491

FULL NAME OF CHILD .....

Sex of Child: Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate? Yes	Date of Birth 4-15-13 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	A. L. White	FULL MAIDEN NAME	
RESIDENCE	C-d'Alene	RESIDENCE	C d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION	Teamster	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Busby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 10/10 1913 D. D. Drennan

Registrar

8-Y CO. 20174

HOLD - NO MOTHER ?

Form V. S. No. 11-O—20m-2-15-12

745-108-028-544

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16460

County of Kootenai

City of Coeur d'Alene

Registration District No. 12

File No.

No. St.

Primary Registration District No. 1003

Registered No. 440

Hospital

FULL NAME OF CHILD Evelyn Cora Gunther

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	5 (Month) -8- (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Max Moritz Gunther	FULL MAIDEN NAME	Katie Emmisegger
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Leipzig, Germany	BIRTHPLACE	Kt. Apperzell, Switzerland
OCCUPATION	Saw-mill-man	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 10/10 1913 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arkensas }ss.
County of Carroll

Certificate No. 16462

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's birthplace	none given	Leipzig Germany
mother's Birthplace	" "	Kt Apperzell Switsrland
birthdate	~~May 9~~	May 8 1913
Give age of father at time of this birth		42 years

Subscribed and sworn to before me this 3rd day of , 1944

N.N. Gittmon

Notary Public, residing at Berryville Ark

My commission expires Nov. 4th 1946
(Seal)

Signed Katie Smither
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 8 1944

314-106.028-000

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'alene

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 16462

Primary Registration District No. 1003 **Registered No.** 488

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate	Date of Birth
Male		Yes	5-6-13 (Month) (Day) 191 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Jno. Campbell		
RESIDENCE	Coeur d'Alene	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Clerk	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10/13 19 D D Sherman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Kootenai

Hold to mother

693-117-028-71

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 14 File No. 16463

Primary Registration District No. 1003 Registered No. 487

FULL NAME OF CHILD Clarence Walter Wilbur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	4 (Month) 17 (Day) 3 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wilbur	FULL MAIDEN NAME	Delia May Payne
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE		BIRTHPLACE	~~[illegible]~~ Oregon
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 S. D. Drumman Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 16463

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Clarence Walter Wilbur (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 17, 1913 (DATE OF EVENT) in Coeur d'Alene, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 17, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Clarence Walter Wilbur
Date	April 10th	April 17, 1913
Mother's name	not given	Delia May Payne

Subscribed and sworn to before me this 5 day of March, 1942.

Jas. A. Foster Clerk of the District Court
By Beulah Bakke, Deputy
Notary Public, residing at Auditor and P[illegible]
My commission expires
(SEAL)

Signed Delia May Payne Wilbur
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

13 1 Second, Coeur d Alene, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Koot-nai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1942.

Notary Public, residing at Coeur d Alene, Ida
My commission expires Nov. 13, 1945
(SEAL)

Signed Grace [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1301 Second, Coeur d Alene, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR [illegible] By
(REGISTRAR'S SIGNATURE)

MAR 19 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16463

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Clarence Walter Wilbur (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 17, 1913 (DATE OF EVENT)
in Coeur d Alene (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 17, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
birthplace of mother	Canada	Oregon

Subscribed and sworn to before me this 22nd
day of April, 19 42

Notary Public, residing at Coeur d Alene, Ida.

My commission expires Nov. 15, 1945
(SEAL)

Signed Delia Ray Wilbur
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1301-2nd, Coeur d Alene, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of April, 19 42

Notary Public, residing at Coeur d Alene, Idaho

My commission expires Nov. 15, 1945
(SEAL)

Signed Frank A Wilbur
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1301-2nd St, Coeur d Alene, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 23 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 18 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-201-028-000

PLACE OF BIRTH

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 12 File No. 16464

Primary Registration District No. 1003 Registered No. 486

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: (Month) (Day) (Year)
Female		Yes	4 1 1913

FATHER		MOTHER	
FULL NAME	W. H. Parks	FULL MAIDEN NAME	
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 [signature] Registrar

S-Y CO. 20174

HOLD 10 MOTHER

245-125-028-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 16465

Primary Registration District No. 1003 **Registered No.** 485

FULL NAME OF CHILD CARL MANNON BUELL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	3 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank E. Buell	FULL MAIDEN NAME	Vie Mannon
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE		BIRTHPLACE	Mich.
OCCUPATION	Laboraer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 D. D. Freeman
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 16465

County of Benewah } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Carl Mannon Buell (Birth or Death)

for Carl Mannon Buell (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1913 (Date of Event)

in Cover D'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal information (Bible Record, Insurance Policy, Etc.) prepared on Oct 2, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Carl Mannon Buell
Mother's name	not given	Vie Mannon
Father's name	E. Buell	Frank R. Buell

Subscribed and sworn to before me this 6th day of October, 1942

[illegible]

Probate Judge of Benewah County

~~Notary Public, residing at~~

~~My commission expires~~

~~(Seal)~~

Signed x Vie Mannon Buell Mother

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Calder, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 9 1942

662-715-028-813

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' lene

Registration District No. 12

File No. 16466

No. ..... St.

Primary Registration District No. 2003

Registered No. 7483

Hospital .....

FULL NAME OF CHILD ANDY OLNEY FOSSUM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	8 15 1913

FATHER	MOTHER
FULL NAME: A. Fossum	FULL MAIDEN NAME: Olea Halvorseth
RESIDENCE: Coeur d'Alene	RESIDENCE: Coeur d'Alene
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: (Years)
BIRTHPLACE:	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Bunby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10/10 1913 D A Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

Kootenai

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 3 1942 Certificate No. 16466

County of Kootenai } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Andy Olney Fossum
maiden name of mother	no name	Olea Halvorseth

Subscribed and sworn to before me this 2nd day of January, 19 42

Herbert H Barton

Notary Public, residing at Coeur d'Alene, Ida.

My commission expires June 2, 1944.

(SEAL)

Signed Olea Halvorseth-Fossum

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Marine Route, Coeur d'Alene, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of January, 19 42

Herbert H Barton

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires June 2, 1944.

(SEAL)

Signed Mrs Marie Hodge

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Marine Route Coeur d'Alene Ida

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By

(REGISTRAR'S SIGNATURE)

363-114-028-000

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 16467

Primary Registration District No. 1003 **Registered No.** 482

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	3 (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	A. Cole	FULL MAIDEN NAME	
RESIDENCE	C d'Alene	RESIDENCE	C d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Laboraer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 D D Drennan

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD NO MOTHER

415 113 028-695

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Ho[illegible]

Registration District No. 12 File No. 16468

Primary Registration District No. 1003 Registered No. 481

[illegible] OF CHILD KEITH LeROY MANGOLD

[illegible]	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 3 (Month) 13 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME [illegible] Mangold	FULL MAIDEN NAME Lulu Evelyn Freeland
RESIDENCE Cour d'Alene	RESIDENCE Cd'Alene
COLOR White AGE AT LAST BIRTHDAY ..... (Years)	COLOR AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	BIRTHPLACE Idaho
OCCUPATION Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 16468
Date Filed APR 1 1942

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Keith LeRoy Mangold
mother's name (maiden)	not given	
Lulu Evelyn Freeland		

Subscribed and sworn to before me this 25
day of March 1942

Notary Public, residing at Moscow Idaho
My commission expires 8/26/44
(Seal)

Signed Roy Mangold (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of March, 1942

Evelyn M. Thomas
Notary Public, residing at Coeur d'Alene
My commission expires 3/19/45
(Seal)

Signed Lloyd Freeland
(Signature of Any Credible Person Other Than Previous Year)

801 Boyd Ave
(Street, Address, City, State)
Coeur d'Alene Idaho

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16468

Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	Frank Mangold	Roy Mangold

Subscribed and sworn to before me this 9th
day of May, 1942

Notary Public, residing at Moscow Ida

My commission expires Sept 26-1943
(Seal)

Signed Roy mangold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

220 N. Asbury St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ..... 19 .....

Notary Public, residing at ..... Idaho

My commission expires ..... 1946.
(Seal)

Signed Floyd Breland
(Signature of Any Credible Person Other Than Previous Year)

801 Boyd Ave - Locust Grove Idaho
(Street Address, City, State)

MAY 23 1942

JUN 2 1942,

DEC 3 7 1974

264.111.028-000

PLACE OF BIRTH

Form V. S. No. 11-G—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 17

File No. 16469

Primary Registration District No. 1003

Registered No. 480

FULL NAME OF CHILD L. T. SOUCY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4 - 11th ~~2~~ ~~10~~ 1913

FATHER		MOTHER	
FULL NAME	Frank Soucy	FULL MAIDEN NAME	
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE		BIRTHPLACE	Canada
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/10 1913 S. D. Drumm

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD NO MOTHER

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 16469

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for L.T.Soucy (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1913 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by statement of mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Souci	Soucy
Name	Unnamed	L.T. Soucy

I did not give this person any given name-only the enitials L. T. the last name should be spelled Soucy

Subscribed and sworn to before me this 26 day of May, 1942

W. L. Swan

Notary Public, residing at Kellogg, Idaho

My commission expires Jan 4, 1944
(Seal)

Signed Mrs Zola Soucy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lane Idaho
P.O. Box 58
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge and that he is the father of L. T. Soucy.

Subscribed and sworn to before me this 26 day of May, 1942

W. L. Swan

Notary Public, residing at Kellogg, Idaho

My commission expires Jan. 4, 1944
(Seal)

Signed Frank Soucy X (his mark)
(Signature of Any Credible Person Other Than Previous Year)

Lane Idaho
(Street Address, City, State)
P.O. Box 58

JUN 5 1942

SEP 17 1975

556-115-028-000

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 16470

Primary Registration District No. 1003 **Registered No.** 479

FULL NAME OF CHILD .....

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 1 (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	E. Newton	FULL MAIDEN NAME	
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Coeur d'Alene	BIRTHPLACE	Couer d'Alene
OCCUPATION	Steamboat Captain	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Coeur D'Alene

Filed 10/10 1913 L. D. Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD TO MOTHER

818-111-028-435

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Kootneia

City of Coeur D'ALENE

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 16471

Primary Registration District No. 1003 Registered No. 478

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 11 (Day) 1913 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Haybacker		McEwen
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	1 (Years)	AGE AT LAST BIRTHDAY	1 (Years)
BIRTHPLACE		BIRTHPLACE	Ida o
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Berby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Coeur D-Alene

Filed 10/10 1913 S D Drennan

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD PARENTS

363-108 028-~~000~~ 356

PLACE OF BIRTH

Amended 11/10/77

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 12

File No. 16472

Primary Registration District No. 1003

Registered No. 477

FULL NAME OF CHILD Marshall Lewis Cochrane

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	1 (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chet Cochrane	FULL MAIDEN NAME	
RESIDENCE	Coeur dIAlene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE		BIRTHPLACE	Wisconsin
OCCUPATION	Hotelman	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Coeur d'Alene

Filed 10/10 1913 D D Sweeney

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD PARENTS

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss. DEC 21 10 29 AM '74

Certificate No. 16472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for UNNamed Cochran (Name on Original Certificate) who born (Was Born or Died) on January 3, 1913 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marshall Lewis Cochrane
Date of Birth of Child	January 3, 1913	January 8, 1913
Father's Full Name	Chet Cochran	Chester R. Cochrane

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Leila Elisabeth Cochrane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cataldo - Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of March, 1959

Notary Public, residing at Robert L Bean
My commission expires Oct 16, 1960
(Seal) Cataldo Idaho

Signed Thomas M Snyder
(Signature of Any Credible Person)

Cataldo Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 2-19-59. one copy pd.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Kootenai } ss.

DEC 27 10 29 AM '74

Certificate No. 16472

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cochran (Name on Original Certificate) who born (Was Born or Died) on January 3, 1913 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Age at Last Birthday at time of Childs birth-Not Given	X	32
Father's Birthplace	Not Given	X Eau Claire Wis.
Mother's Maiden Name	Not Given	Leila E. Lewis

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Leila Elizabeth Cochrane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of March, 1959

Notary Public, residing at Coeur d'Alene Idaho
My commission expires Oct 16, 1960
(Seal)

Signed Thomas M. Snyder
(Signature of Any Credible Person)

Coeur d'Alene Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 2-19-59.

Membership card from the Fraternal Order of Eagles gives name as Marshall L. Cochrane dated May 31, 1954. No. 3881. viewed by V. S.

Insurance policy from Beneficial Protective Association, No. 3-17-37262 gives name as Marshall Lewis Cochrane. born Jan 8, 1913.. Policy dated Sept 14, 1958. viewed by V. S.

Insurance policy from United Benefit Life Ins. co. of Omaha Nebraska gives name as Marshall L. Cochrane. dated May 19, 1948. gives birth date as Jan 8, 1913. viewed by V. S.

HOLD PAPERS

319-102.028-000

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 14 File No. 16473

Primary Registration District No. 1003 Registered No. 476

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 2 1913

FATHER		MOTHER	
FULL NAME	Dave Carrier	FULL MAIDEN NAME	
RESIDENCE	Coeur dAlene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Candad	BIRTHPLACE	Canada
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Busby

(Physician or midwife)

Address Coeur D Alene

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 1913 D. D. Drennan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

HOLD TO MOTHER

168-111-028-464

PLACE OF BIRTH

Form V. S. No. 11-C—60m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootnesi

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 14

File No. 16474

Primary Registration District No. 1007

Registered No. 475

FULL NAME OF CHILD Robert Newton Johns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan. 11, 1913

FATHER		MOTHER	
FULL NAME	Robert Theo. Johns	FULL MAIDEN NAME	Agatha Gertrude Mougin
RESIDENCE	Spoane, Wn.	RESIDENCE	Spokane, Wn.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Little Rock, Arkansas	BIRTHPLACE	Glendale Springs, Colo.
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno Burby

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address C. S. A

Filed 10/10 1913 S. S. Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County) (City)

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Kootenai (b) City Coeur d'Alene
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home ..... days
IN THIS county ..... years 3 month ..... days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Wash. (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? ..... yrs.
(f) Mother's mailing address

3. RESIDENCE of FATHER (city, state) Spokane, Wn.

4. FULL NAME OF CHILD Robert Newton Johns

5. Date of Birth (Month, day, year) January 11, 1913

6. Sex M

7. Twin or Triplet ..... If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Robert Theodore Johns

11. Color or Race W

12. Age at time of THIS birth 30 yrs.

13. Birthplace Little Rock, Ark. (City or town) (State or foreign country)

14. Exact Occupation Teamster

15. Industry or Business Dairy

MOTHER OF CHILD

16. FULL MAIDEN NAME Gertrude Agatha Mougin

17. Color or Race W

18. Age at time of THIS birth 18 yrs.

19. Birthplace Glendale Springs, Colorado (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) July 18, 1941 (Date received) (b) ..... (Registrar's signature)

27. Given name added on 7/18/41 by H L Newcombe M.D. (Registrar's signature) by Fay P. Thomas deputy

25. Attendant's OWN signature (Jno. Busby) M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho
County of Kootenai } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Mrs. Fred Schmieder, being first duly sworn, say that I am related to (Related to (or) acquainted with) Robert Newton Johns (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. John Busby (Name of attendant at birth), who attended said birth is now deceased (Is now deceased (or) cannot be located) and that this birth has not been previously recorded. ERRONEOUSLY

Mrs Fred Schmieder Signature
Box 545, Coeur d'Alene, Idaho P. O. Address

Subscribed and sworn to before me on this 18 day of July, 1941

(SEAL) Jas. A. Foster Clerk of the District Court ~~Notary Public, residing at~~ By Jos. White Deputy
Ex-Officio Auditor and Recorder

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

795-201-028-849

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

16476

County of Kootenai

City of Granite

Registration District No. 17

File No.

No. St.

Primary Registration District No. 2051

Registered No. 572

Hospital

FULL NAME OF CHILD Mildred Frances Gregg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 1 1913

FATHER		MOTHER	
FULL NAME	George Gregg	FULL MAIDEN NAME	Nellie Quick
RESIDENCE	Granite	RESIDENCE	Granite
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ill	BIRTHPLACE	Ark
OCCUPATION	Laborer	OCCUPATION	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Drennan

MD (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Rathdrum

Filed 10/10 1913 S D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 19 19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 28-295

[illegible]

[illegible] V. S. No. [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Near Hayden Lake Registration District No. 12 File No. 16477

No. ..... St. Primary Registration District No. 2051 Registered No. 1673

Hospital .....

FULL NAME OF CHILD Colleen Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Peter Thompson	FULL MAIDEN NAME	Eva Kindle
RESIDENCE	Near Hayden Lake	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Germ (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Dreeman

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 10/10 1910 D D Dreeman Registrar

Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Kooteani (b) City Hayden Lake Ida
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born at Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 4 years 5 months 8 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Kootenai
(c) City Hayden Lake
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? 4 yrs.

3. RESIDENCE OF FATHER (city, state) Hayden Lake, Idaho

4. FULL NAME OF CHILD Colleen Thompson

5. Date of Birth of Child (Month, day, year) Sept. 6, 191.

6. Sex Female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Peter Case Thompson
11. Color or Race White
12. Age at time of THIS birth 36 yrs.
13. Birthplace Woodbury County Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Eva Jane Kindle
17. Color or Race White
18. Age at time of THIS birth 38 yrs.
19. Birthplace Boone County, Iowa (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum None

23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife ____ Address ____ Date ____

State of Washington } ss.
County of Spokane }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 66 years of age, that I have known this person for 28 years, and that D. D. Drennan (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under chapter 139, 1937 Session Laws.

Eva Jane Thompson Signature

1011 W. 12th Ave. Spokane 1, Wash. P. O. Address

Subscribed and sworn to before me this 9th day of April, 1942

(SEAL) Hilda Swanson Notary Public, residing at Spokane, Washington

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on APR 14 1942 by ____, Registrar.

APR 2 = 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-209-028-843

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 12

File No. 16478

Primary Registration District No. 1003

Registered No. 514

FULL NAME OF CHILD Dorothy Elvira Anderson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	3	Yes	9 (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar R Anderson	FULL MAIDEN NAME	Elvira Hultman
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Chicago Ill
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed 10/10 1913 D. D. Drennan

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 18 1941

238-111-028-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ethel

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 16479

Primary Registration District No. 2051 Registered No. 515

FULL NAME OF CHILD Edward Vincent Schneider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 11 1913

FATHER		MOTHER	
FULL NAME	Edward Schneider	FULL MAIDEN NAME	Alice Loughbottom
RESIDENCE	Ethel	RESIDENCE	Ethel
COLOR	W AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rastedeen

Filed 9/11 1913 D D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wash. }
County of Grant } ss.

Certificate No. 16479

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Schneider (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1913 (Date of Event)
in Athol, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edward Vincent Schneider

Subscribed and sworn to before me this 21st day of
May, 1962

Notary Public, residing at Ephrata
My commission expires 3-10-63
(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rte #1 Rotzville Wash. (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 4-25-62. nm

Family Bible, obviously old, gives name as Edward Vincent Schneider born Sept 11, 1913 at Athol, Idaho. Father's name Edward Schneider. viewed by V.S.

Insurance Policy, Mutual Benefit Health & Accident Association, Omaha issued October 26, 1932 gives name as Edward Vincent Snyder born Sept 11, 1913 in Idaho. viewed by V.S.

JUN 10 1963

296-216.028-993

[illegible] 11-0-[illegible]-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

No. ..... St.

Hospital .....

Registration District No. 12 File No. 16480

Primary Registration District No. 2057 Registered No. 516

FULL NAME OF CHILD Dorothy May Brown

Sex of Child fem.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sep 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Brown	FULL MAIDEN NAME	Isidora Rickman
RESIDENCE	Belmont Ida	RESIDENCE	Belmont, Ida
COLOR	white AGE AT LAST BIRTHDAY 54 (Years)	COLOR	white AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rathdrum Ida

Filed 10/10 1913 D D Brennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 9

CERTIFICATE OF BIRTH

County of

434-217-028-655

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12

File No. 16481

No. ..... St.

Primary Registration District No. 1003

Registered No. 517

Hospital .....

FULL NAME OF CHILD Francis W. McDonald

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			I	yes	Sept (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl W. McDonald	FULL MAIDEN NAME	Elsie Overton
RESIDENCE	Coeur d'Alene, Ida	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Steamboat hand	OCCUPATION	Housewife

Number of child of this mother, including present birth I

Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.H. Shephard

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address C D Alene

Filed 10/10 1913 D D Freeman

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

346-120-028-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12 File No. 16482

No. ..... St.

Primary Registration District No. 1003 Registered No. 618

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Duft, Malcolm Vincent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		V	yes	Sept 20 1913

FATHER

FULL NAME: Henry H. Duft.

RESIDENCE: Coeur d'Alene, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Norway

OCCUPATION: merchant

MOTHER

FULL MAIDEN NAME: Hannah Severa Severs

RESIDENCE: Coeur d'Alene

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Minnesota

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. H. Shepard

(Physician or midwife)

Address Coeur d'Alene, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10/10 19 13 D. D. Drumm Registrar

S-Y CO. 20174

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16483
Local Reg. No. 519
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bayview

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Oklahoma b. COUNTY: Washita

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Port

d. STREET ADDRESS (If rural, give location): Rural Route

3. CHILD'S NAME (Type or print)

a. (First): BEULAH b. (Middle): MARIE c. (Last): RODGERS

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): September 25, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): R. b. (Middle): W. c. (Last): Rodgers

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Texas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ennis b. (Middle): May c. (Last): Lundy

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oldtown, Virginia

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship): Mrs. Ennis May Rodgers Mother

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rathdrum

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 10, 1913

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

MAY 21 1974

959-226-028-439

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. — St.

Hospital —

Registration District No. 12 File No. 16484

Primary Registration District No. 2051 Registered No. 520

FULL NAME OF CHILD Margery Doras Reiniger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Sep 26 1913

FATHER		MOTHER	
FULL NAME	Paul Reiniger	FULL MAIDEN NAME	Nellie M. McRoberts
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Wis.
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Henry

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum Ida

Filed 10/10 1913 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1967

254-012-028-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital

Registration District No. 17 File No. 16485

Primary Registration District No. 2049 Registered No. 493

FULL NAME OF CHILD Katharene Ellen Knutsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		5	Yes	July 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee Knutsen	Mable Holden
RESIDENCE	Harrison Idaho	Harrison Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	Wis.	Wis.
OCCUPATION	Sawyer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive July 12 1913 at 5-a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Flannery M D

Physician
(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Filed 9/10 1913 D. D. Freeman
Registrar

..... Registrar

R-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

687-[illegible]-552

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible] No. 11-C—20m-[illegible]

County of Kootenai

City of Harrison

Registration District No. 14

File No. 16486

No. ..... St.

Primary Registration District No. 2049

Registered No. 494

Hospital .....

FULL NAME OF CHILD Nevel Hazel Wygant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes.	July (Month) 24th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sydney E Wygant	FULL MAIDEN NAME	Grace Nisenger
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 24, 1913 (Born alive or stillborn) at 3:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed 9/10 1913 D D Drewen
Registrar

Registrar

8-Y CO. 20174

APR 21 1960

753-122-028-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

From V. S. Nor 11-C [illegible]

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 12 File No. 16487

Primary Registration District No. 2049 Registered No. 495

FULL NAME OF CHILD HOWARD IVAN PETERSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	July 29th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul Rudolph Petersen	FULL MAIDEN NAME	Ivy Myrtle Smith
RESIDENCE	Weight, Idaho	RESIDENCE	Weight Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 29th 1913, at 8:30 a. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed 9/10 1913 D D Drummond
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Rev. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Usual) of [illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

Certificate No. 16487

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Howard Ivan Petersen (Name on Original Certificate) who was born (Was Born or Died) on July 29 1913 (Date of Event)
in Harrison, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Howard Ivan Peterson
Howard Ivan Petersen		July 29, 1913

Subscribed and sworn to before me this 16th
day of May, 1942

Stella Brown
Notary Public, residing at Kellogg, Idaho.
My commission expires April 3 1944
(Seal)

Signed Iva Myrtle Petersen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kellogg Idaho Box 181
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1942

MAY 20 1962

MAY 3 1976

353201-028-384

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16488

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 496

FULL NAME OF CHILD Evelyn Lucile Teters

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	Yes	Aug 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. A. Teters	FULL MAIDEN NAME	Satana Chute
RESIDENCE	Post Falls Ida	RESIDENCE	Post Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Electrician	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed 9/10 1913 S. D. Drennan
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 24 1942

215 2021028215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur D'Alene

Registration District No. 12 File No. 16489

No. ..... St.

Primary Registration District No. 1003 Registered No. 497

Hospital Coeur D'Alene Hosp.

FULL NAME OF CHILD Helen Edwina Kaesemeyer

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	2	Yes	Aug 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hobert Edward Kaesemeyer	FULL MAIDEN NAME	Edna Marie Sanders
RESIDENCE	Coeur D'Alene	RESIDENCE	Coeur D'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Book-keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Dwyer

Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed 9/10 1913 D. D. Drumman
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

689-192-028-354

PLACE OF BIRTH

Form V. S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai.

City of St Maries

No. #, # St.

Hospital # # #

Registration District No. 12 File No. 16490

Primary Registration District No. 2049 Registered No. 498

FULL NAME OF CHILD Robert Lemon Whiteside

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male.		Yes	8 - 2 - 1913.

FATHER		MOTHER	
FULL NAME	Robert Hance Whiteside.	FULL MAIDEN NAME	Maud Esther Lemon.
RESIDENCE	St. Maries,	RESIDENCE	St. Maries.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Michigan.	BIRTHPLACE	Michigan.
OCCUPATION	Rancher.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 1.

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or [illegible]) at 9:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician. (Physician or [illegible])

Given names added from a supplemental report

..... 19.....

Address St. Maries, Idaho.

Filed 9/10/13 19 S. D. Drennan Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

414-103-028-499

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. #, # St.

Hospital

Registration District No. 14

File No. 16491

Primary Registration District No. 2049

Registered No. 499

FULL NAME OF CHILD August Daubenspeck

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	8 - 3 - 1913

FATHER		MOTHER	
FULL NAME	Byron Daubenspeck	FULL MAIDEN NAME	Mary Dickgraber
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Indiana	BIRTHPLACE	Berlin Germany
OCCUPATION	R. R. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 30 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson M. D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

K ....., 19....

Address St. Maries, Idaho

Filed 4/10/13 19.... D. D. Dreeman

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 17

cc 4/3/41 RMF

DEC 16 1959

ited States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

MAR 27 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. 23
Reg. Dist. No. 130

PLACE OF BIRTH:
(a) County Benewah (b) City St.Maries
(c) Street Address or R F D No.
(d) Name of Hospital or Maternity Home:
St.Maries Hospital
(e) Mother's stay **BEFORE** delivery:
In Hosp. or ~~Mat. Home~~ 10 days.
In **THIS** county 2 years months days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Benewah
(c) City St.Maries
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3yrs yrs.
(f) Mother's mailing address same
3. **RESIDENCE OF FATHER** (city, state) same

FULL NAME OF CHILD Harold August Daubenspeck

5. Date of Birth (Month, day, year) August 3, 1913

Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy Nine

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME James Byron Daubenspeck

Color or Race white

12. Age at time of THIS birth 32 yrs.

Birthplace Glenwood (City or town) Indiana (State or foreign country)

Exact Occupation locomotive engineer

Industry or Business C.M.St.P.& P.Ry

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Dickgraber

17. Color or Race white

18. Age at time of THIS birth 25 years

19. Birthplace Helena (City or town) Montana (State or foreign country)

20. Exact Occupation House-wife

21. Industry or Business

~~Name prophylactic used to prevent Ophthalmia Neonatorum~~

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 6
(c) Born alive and now dead. none (d) Stillborn none We have six children, all living

I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, stillborn) at M. on the date
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is
related to this child as (Mother, etc.)

(a) 3/21/41 (Date received) (b) Walter Poling (Registrar's signature)

Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** M.D. or (D.O., Midwife, etc.)
and address Date

ate of Washington
ounty of King } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, James Byron Daubenspeck, being first duly sworn, say that I am Father of (Related to (or) acquainted with)
Harold August Daubenspeck (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate
ppears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts
ontained therein are true to the best of my knowledge. I further state that Dr.Gibson (Name of attendant at birth), who attended
aid birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

James Byron Daubenspeck Name
Seattle, Wash. P. O. Address

Subscribed and sworn to before me on this 19th day of March, 1941

Notary Public in and for the State of Washington, residing at Seattle, Wash. Floyd Williams Notary Public, residing at Seattle, Wash.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

30 1945

236-203-028-446

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. Atlas station St.

Hospital

Registration District No. 12

File No. 16492

Primary Registration District No. 1003

Registered No. 500

FULL NAME OF CHILD Violet Esther Stonestreet

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	Yes	Aug (Month) 3 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roscoe E. Stonestreet	FULL MAIDEN NAME	Eva Duffing
RESIDENCE	Atlas, Ida	RESIDENCE	Atlas, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	W. Virginia	BIRTHPLACE	Mich
OCCUPATION	Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

Phys — (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed 9/10 — 1913 D. D. Freeman Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 4 1975

261-105-028-369

Form V. S. No. 21-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16493

County of Kootenai

City of Sainte

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2051 Registered No. 501

Hospital

FULL NAME OF CHILD Edward Lee Summers

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Aug 5 1913

FATHER		MOTHER	
FULL NAME	Edward Summers	FULL MAIDEN NAME	Maud Cornell
RESIDENCE	Sainte	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan MD

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 9/10 1913 D. D. Brennan

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Amended 2-20-57

PLACE OF BIRTH

749-106-028-175

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Registration District No. 12 File No. 16494

Hospital ..... Primary Registration District No. 2051 Registered No. 502

FULL NAME OF CHILD George Irving Purington
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	August 6 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Jay Purington	FULL MAIDEN NAME	Augusta Agergaard
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Min.	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) D. D. Drennan, M. D.
(Physician or midwife)

Address Rathdrum

Filed 9-10- 1913 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Whitman } ss.

Certificate No. 16494

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for George William Purrington (Name on Original Certificate) who was born (Was Born or Died) on Aug. 6, 1913 (Date of Event)

in Rathdrum (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Last Names School Record - 1932 Insurance - 6-24-22 (Bible Record, Insurance Policy, Etc.) prepared on Mothers name by Insurance 6-24-22 & Birth cert # 122883 - 1923 (Give Date), are:

Military Rec - 11-9-42 8 - July 47 11-14-46

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	George William Purrington	George Irving Purington
Father's Name	Purrington	Purington
Mother's Name	Gertie Ager	Augusta Agergaard
Mother's Birthplace	New Zealand	Denmark

Mothers birthplace by same Insurance Policy & Viewed cert 112883 by 1925

Subscribed and sworn to before me this 11th day of January, 1957

Annabelle Schmidt

Notary Public, residing at Pullman

My commission expires Dec 15, 1960

(Seal)

Signed Augusta Agergaard Purington
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

209 McKenzie Pullman Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Whitman } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January, 1957

Annabelle Schmidt

Notary Public, residing at Pullman

My commission expires Dec 15, 1960

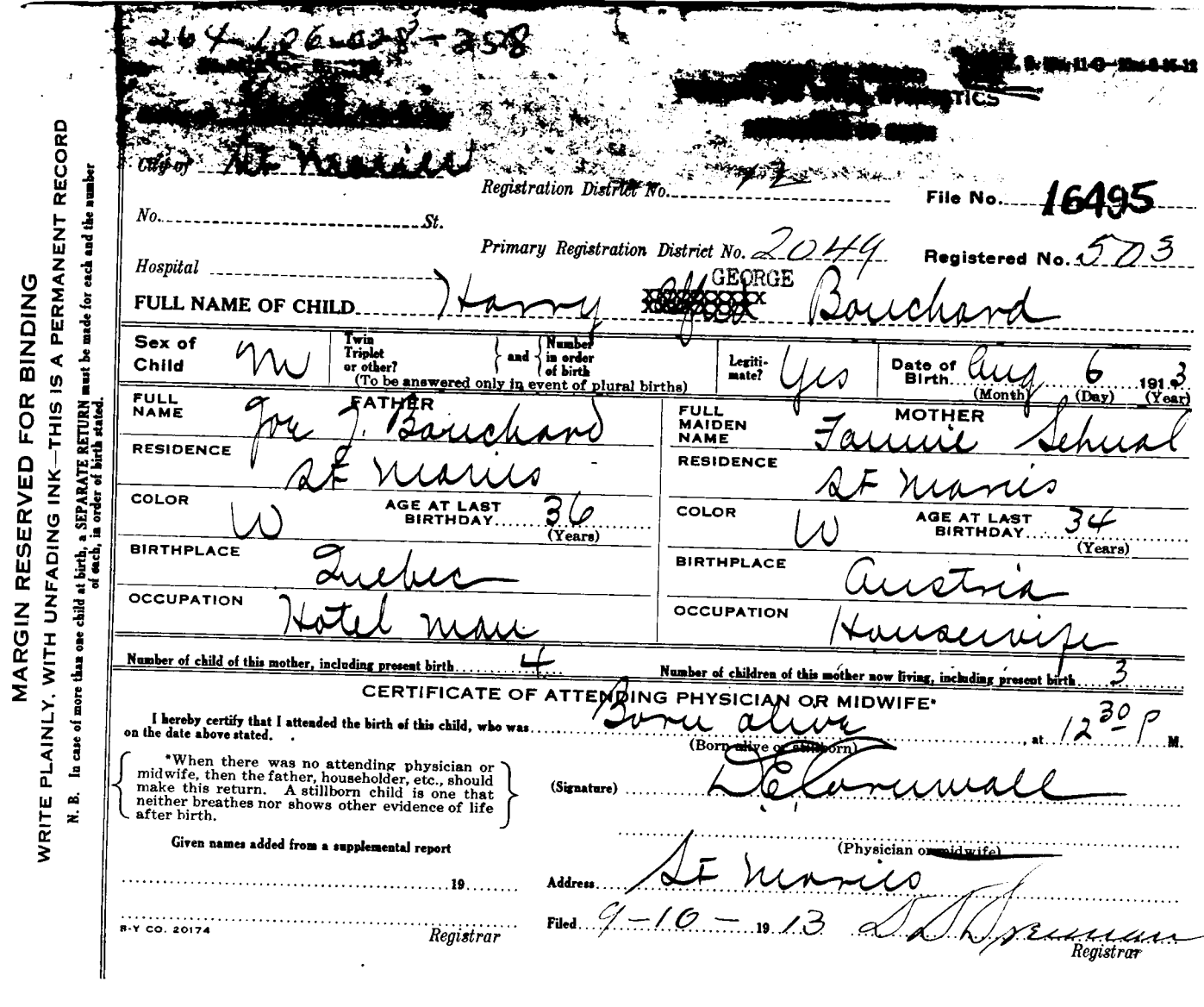
(Seal)

Signed Myrtle Purington Street
(Signature of Any Credible Person)

209 McKenzie Pullman Wash.
(Street Address, City, State)

FORM DPH 55. 155

1 copy pd.



264-126-028-258

[redacted]

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[redacted]

City of St Maries

Registration District No. 12

File No. 16495

No. ..... St.

Primary Registration District No. 2049

Registered No. 503

Hospital .....

FULL NAME OF CHILD Harry ~~Alfred~~ GEORGE Bouchard

Sex of Child: M	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joe J. Bouchard	FULL MAIDEN NAME	Fannie Schual
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Quebec	BIRTHPLACE	Austria
OCCUPATION	Hotel man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries

Filed 9-10-1913 D D Freeman

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 23 1942

[redacted]

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 16495 L 2(3

County of Spokane } JAN 23 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Harry Alfred (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug. 6, 1913 (DATE OF EVENT)

in St. Maries, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Harry Alfred	Harry George Bouchard

Subscribed and sworn to before me this 20th day of January, 19 42

E. J. Barker

Notary Public, residing at Spokane, Wash.

My commission expires March 13, 1945 (SEAL)

Signed Fanny Bouchard mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

506½ W. 2nd Ave, Spokane, Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 19 42

E. J. Barker

Notary Public, residing at Spokane, Wash.

My commission expires March 13, 1945 (SEAL)

Signed Joseph J. Bouchard father

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

506½ W. 2nd Ave, Spokane, Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By

(REGISTRAR'S SIGNATURE)

JAN 28 1942

MAY 13 1875

122-207-028-755

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. # # # # St.

Hospital St. Maries.

Registration District No. 12

File No. 16496

Primary Registration District No. 2049

Registered No. 504

FULL NAME OF CHILD Betty Margret Abshire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	8 (Month) - 7 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joel Harlo Abshire	FULL MAIDEN NAME	Frances Emily Pengra
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 2:P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St. Maries, Idaho.

Filed 9/10 1913 D. D. Drummond Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

213-216-028-613

PLACE OF BIRTH Kootenai

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of St. Maries

City of Kootenai.

Registration District No 12

File No. 16498

No ....., ... St.

Hospital .....

Primary Registration District No. 2049

Registered No. 506

FULL NAME OF CHILD Hazel Bates

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 - 16 - 1913

FATHER	MOTHER
FULL NAME: Chester L. Bates.	FULL MAIDEN NAME: Christina Grant Watson.
RESIDENCE: Emida, Idaho	RESIDENCE: Emida, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Iowa.	COLOR: White
OCCUPATION: Blacksmith.	AGE AT LAST BIRTHDAY: 32 (Years)
	BIRTHPLACE: Penn.
	OCCUPATION: Housewife.

Number of child of this mother, including present birth 8.

Number of children, of this mother, now living, including present birth 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson M. D.

Physician. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address St. Maries, Idaho.

Filed 4-10-1913 D D Drennan

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1975

955-122-028

PLACE OF BIRTH

STATE OF IDAHO Form V. S. No. 11-0

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. R.F.D St.

Registration District No. 14 File No. 16499

Primary Registration District No. 2054 Registered No. 307

Hospital

FULL NAME OF CHILD Donald William Reeder

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Aug 22 1913

FATHER	MOTHER
FULL NAME J. H. Reeder	FULL MAIDEN NAME Ethel Sears
RESIDENCE Post Falls R 7 D	RESIDENCE "
COLOR W AGE AT LAST BIRTHDAY 27 (Years)	COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ida.	BIRTHPLACE Canada
OCCUPATION Farmer	OCCUPATION Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at M. on the date above stated.

(Signature) D. D. Brennan M.D.

(Physician or midwife)

Address Rathdrum

Filed 9-10 1913 D. D. Brennan Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

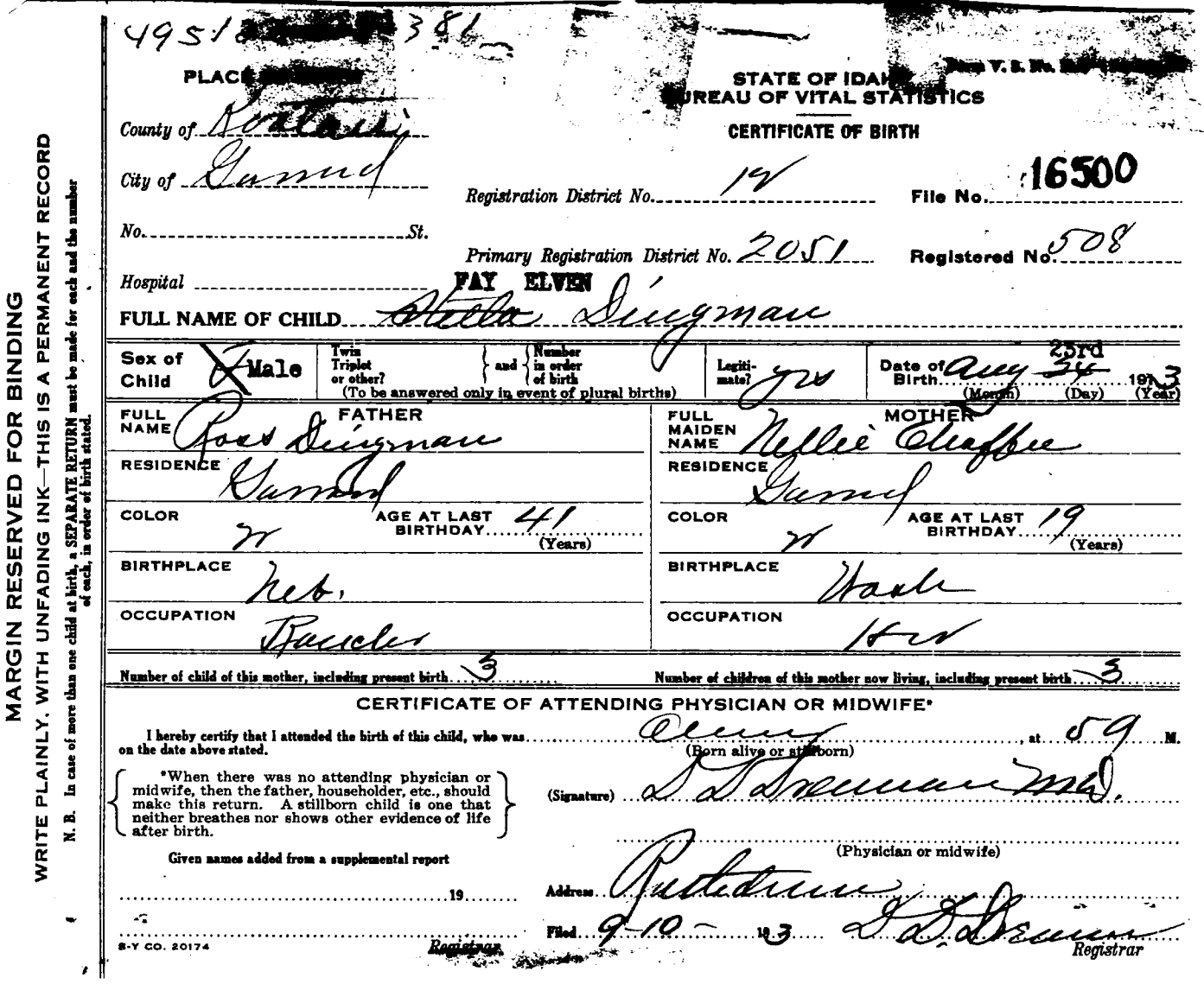
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-3-16-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH



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PLACE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Garnet

Registration District No. 14 File No. 16500

No. St.

Primary Registration District No. 2051 Registered No. 508

Hospital FAY ELVEN

FULL NAME OF CHILD Stella Dingman

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth: May 25th (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Ross Dingman	FULL MAIDEN NAME Nellie Claffee
RESIDENCE Garnet	RESIDENCE Garnet
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 41 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Neb.	BIRTHPLACE Wash
OCCUPATION Rancher	OCCUPATION Hse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 9 M. on the date above stated.

(Signature) D. D. Freeman M.D.

(Physician or midwife)

Address Rathdrum

Filed 9-10- 1913 D. D. Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Kootenai, } ss.

Certificate No. 16560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Stella Dingman (Name on Original Certificate) who born (Was Born or Died) on Aug. 24th 1913 (Date of Event)
in Hayden Lake, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible (Bible Record, Insurance Policy, Etc.) prepared on at the time he was 10 years old (Give Date); are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name and date	Name Stella	Fay Elven Dingman
Date	" 24th	Aug. 23, 1913

Subscribed and sworn to before me this 31st day of August, 19 42.

Notary Public, residing at Coeur d'Alene, Ida
My commission expires 8-8-1946
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Hayden Lake, Ida, R*#1.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of August, 19 42.

Jas M. Thaler
Notary Public, residing at Coeur d'Alene
My commission expires 8-8-1946
(Seal)

Signed Mrs. Nellie Dingman.
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 4 1942

FEB 27 1943

SEP 8 1942

655 [illegible] 7-969

PLACE [illegible]

[illegible] STATISTICS

Form V. S. No. [illegible]

County of [illegible]

City of Bruneau

Registration District No. 44

File No. 16501

No. ..... St.

Primary Registration District No. 2121

Registered No. 9

Hospital .....

FULL NAME OF CHILD Margaret Rose Weeks

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Sept 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Weeks	FULL MAIDEN NAME	Mary Rogell
RESIDENCE	Vale Oregon	RESIDENCE	Vale Oregon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Bruneau Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Bartlett

Physician (Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 4 1913 J C Bartlett

Registrar

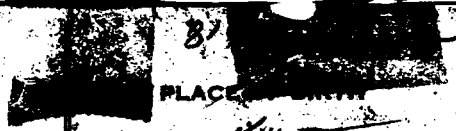
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



252

PLACE OF BIRTH

Form V. S. No. 11-C-20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Hauser Jc

Registration District No. 14 File No. 16502

No. St.

Primary Registration District No. 2051 Registered No. 589

Hospital

FULL NAME OF CHILD Thelma Eloise Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Victor Harris	Lotta Kennigan
RESIDENCE	Hauser Jc	"
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Wn	Wn
OCCUPATION	Rancher	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) L L Freeman M D

(Physician or midwife)

Address Rathdrum Ida

Filed 9-10 1913 L L Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, triplets, etc., a SEPARATE RETURN must be made for each and the number of child, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—20m-3-15-12

502

793-22-8 028-945

PLACE OF [redacted]

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St Joe

Registration District No. 12

File No. 16503

No. ..... St.

Primary Registration District No. 2049

Registered No. 510

Hospital

FULL NAME OF CHILD ~~Babe~~ MABLE CLAIRE Gilman

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	3rd	Yes	Aug 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. E Gilman.	FULL MAIDEN NAME	Amy Adel Runyan
RESIDENCE	St Joe	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Tacoma, Wash	BIRTHPLACE	Mich.
OCCUPATION	Saw Mill workman	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1158 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N M Doyle

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address St Joe

Filed 9-10 1913 D D Denman Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Michigan } ss.
County of Saginaw }

Certificate No. 16503

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mable Claire Gilman (Name on Original Certificate) who Born (Was Born or Died) on August 28th (Date of Event)
in St. Joe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mabel Claire Gilman Mable Claire Gilman

Subscribed and sworn to before me this 16th day of [illegible], 1943.

[illegible]
Notary Public, residing at Saginaw

My commission expires
(Seal) Notary of Kent County acting in Saginaw County. Commission Expires 3/4/45.

Signed Mrs. Clara Gilman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2015 Macauley - Saginaw, Mich.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Michigan } ss.
County of Saginaw }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of [illegible], 1943.

[illegible]
Notary Public, residing at Saginaw

My commission expires
(Seal) Notary of Kent County acting in Saginaw County. Commission Expires 3/4/45.

Signed Gerald J McCorkle
(Signature of Any Credible Person Other Than Previous Year)

2624 Mack Road Saginaw
(Street Address, City, State)

PFD #4

APR 2 1 1943

68-131 02 276

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16504

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 17

File No. .....

Primary Registration District No. 2051

Registered No. 511

FULL NAME OF CHILD DANIEL DAVID BOHN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Bohn	FULL MAIDEN NAME	Louise Spangleburgh
RESIDENCE	Belmont	RESIDENCE	Belmont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Rancher	OCCUPATION	Hon

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rathdrum

Filed 9-10-1910 D D Drennan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 16

V. S. No. 11-C—20m-2-15-12

City of Winchester — Registration District No. 48 — File No. 16505

No. ____ St. — Primary Registration District No. 2127 — Registered No. 11

Hospital ____

FULL NAME OF CHILD Charles Stanford Mauk

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9-24-1917

FATHER		MOTHER	
FULL NAME	D Stanford Mauk	FULL MAIDEN NAME	Kate Pekel
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kentucky	BIRTHPLACE	Wise
OCCUPATION	Saw-mill-hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elbert P. Rogers

(Physician ~~or midwife~~)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 9-29- 1917 Elbert P. Rogers

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

6/17/41 L. B.

712-18-1031-555

PLACE OF BIRTH

Form V. S. No. 11-C—40m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Registration District No. 48 File No. 16506

Primary Registration District No. 2127 Registered No. 12

Hospital .....

FULL NAME OF CHILD Richard Elton Gaskill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	9 – 28 – 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	H. E. Gaskill	Flassie Venters
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Kansas	Wis.
OCCUPATION	Saw-mill hand	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1240 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

(Physician or ~~midwife~~)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 9-29-13 Elton B. Rogers
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 13 1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

39

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Cou[redacted]

City of Grangeville — Registration District No. 10 — File No. 16507

No. ....., ... St. — Primary Registration District No. 1001 — Registered No. 411

Hospital .....

FULL NAME OF CHILD Ruth Loretta Urbolm

Sex of Child female	Twin, Triplet, or other? and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of birth Aug. 12, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert H. Urbolm	FULL MAIDEN NAME	Dora L. Shuchteringer
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	white — AGE AT LAST BIRTHDAY 25 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Shusser M.D.

(Physician or Midwife)

Given names added from a supplemental report

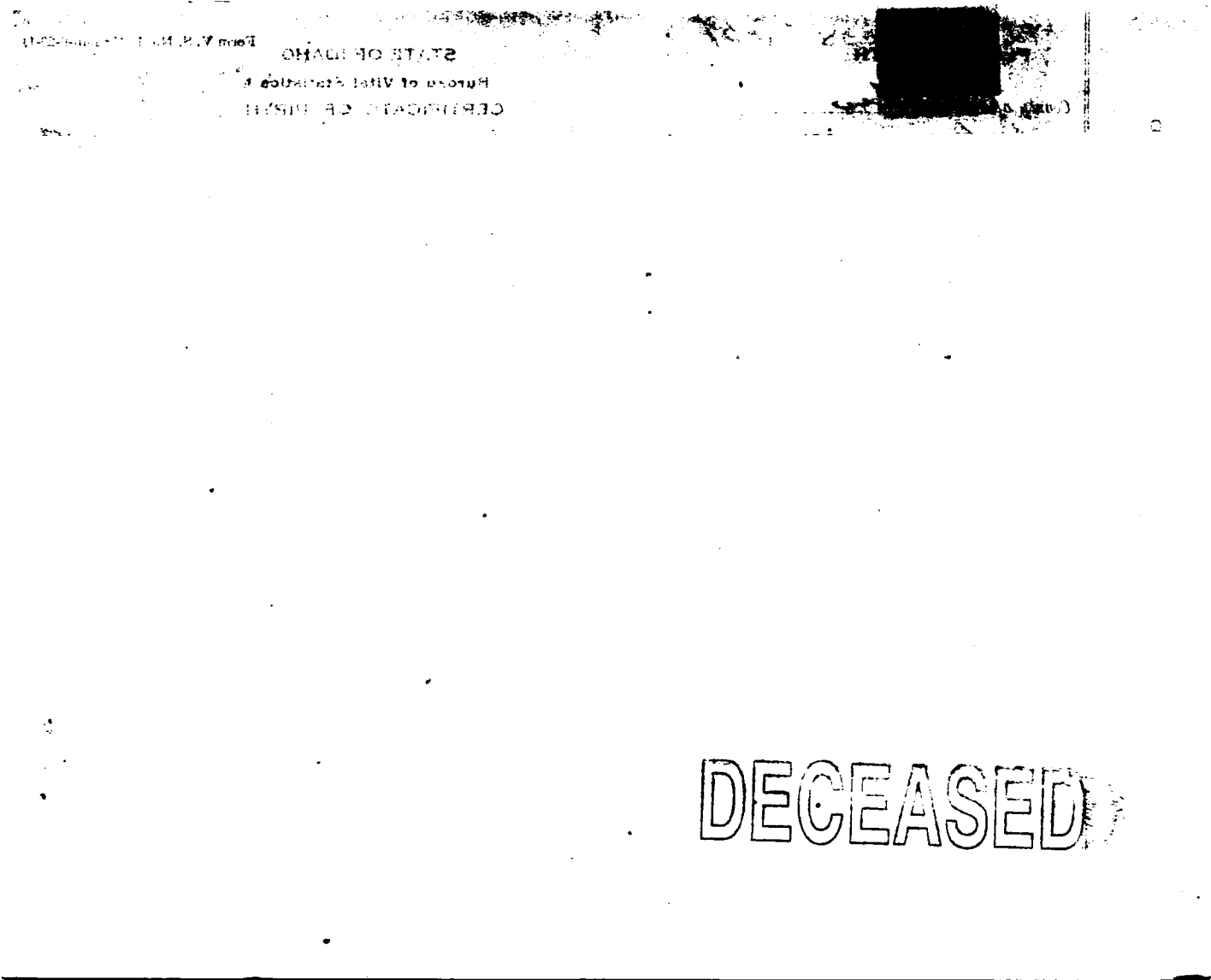
..... 19.....

Address Grangeville Ida

Filed Sept 12 1913 Jesse L. Rains Registrar

Registrar

S-Y CO., 16670


DECEASED

296-121-025-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ....., ... St.

Hospital .....

Registration District No. 10 File No. 16508

Primary Registration District No. 2043 Registered No. ~~216~~ 412

FULL NAME OF CHILD Hector Auston

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
mail	one	yes	aug 21 1913

FATHER		MOTHER	
FULL NAME	Auston Brown	FULL MAIDEN NAME	Grace A Hogle
RESIDENCE	Idaho Co	RESIDENCE	Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	54	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	pennsylvania	BIRTHPLACE	illinois
OCCUPATION	farmer	OCCUPATION	domestic

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was aug 21 (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs K. A. Lyle

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 30 1913 J. M. Verbeskmeier Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C—10m-8-11

666-2081 025-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Woodland

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16509

Registration District No. ~~2101~~ 10 File No. .....

Primary Registration District No. 2101 Registered No. ~~27~~ 413

FULL NAME OF CHILD Vera Veronica Wood

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Aug (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Earnest J Wood	FULL MAIDEN NAME	Laura Kellum
RESIDENCE	Woodland Idaho	RESIDENCE	Woodland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Woodland Idaho

Filed Sept 30 1913 J. M. Hubert Knoes Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

FEB 26 1942

STATE OF IDAHO

Bureau of Vital Statistics

SEP 25 1944

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LA
BIRTHDAY

847-128-025-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. ~~2101~~ 10 File No. 16510

Primary Registration District No. 2043 Registered No. ~~28~~ 414

FULL NAME OF CHILD Harry Elmer Hughes, Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug. 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harry Edward Hughes	FULL MAIDEN NAME	Clara Wilson
RESIDENCE	Kooskia - Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

Filed Sept 30 1913 J. M. Verberkmoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 24, 1941. E.W.

362-111025-955

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

Registration District No. ~~2042~~ 10 File No. 16511

No. ....., ... St.

Primary Registration District No. ~~10~~ 2042 Registered No. 415

Hospital .....

FULL NAME OF CHILD Carl Elmer Cosand

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	one	Yes	Sept 11, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Milton Cosand	FULL MAIDEN NAME	Rose Reed
RESIDENCE	Cottonwood Ida	RESIDENCE	Cottonwood Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	~~19~~ 18
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~Phys~~ Russell Truitt

Phys (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Cottonwood Idaho

Filed Sept 20 1913

Jesse E Rains Registrar

per Hope Sub Reg

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 9

813-119-025-567

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ....., ... St.

Hospital .....

Registration District No. ~~2042~~ 10 File No. 16512

Primary Registration District No. ~~10~~ 2042 Registered No. 416

FULL NAME OF CHILD Erwin Alois Halter

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	2	Yes	Sept 19, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alois Halter	FULL MAIDEN NAME	Seraphine Vogeler
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phys (Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 28 1913 Jesse L Rams Registrar

per Blake Sub Reg

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

547-1131C25-195

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

~~Hospital~~ Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 16513

Primary Registration District No. ~~2~~ 2042 Registered No. 417

FULL NAME OF CHILD George Henry Nuxall

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Sept. 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clemmens Wm. Nuxall	FULL MAIDEN NAME	Anna Mary Arnson
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Effingham Ill	BIRTHPLACE	Effingham Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Ida.

Filed Sept 20 1913 Jesse L. Rains per ~~[illegible]~~ Sub Reg Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-8-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JAN 22 1973

238-131-025-853

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

Registration District No. ~~2042~~ 10 File No. 16514

Primary Registration District No. ~~10~~ 2042 Registered No. 418

FULL NAME OF CHILD Hunter Helm Schermerhorn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Edwin Schermerhorn	FULL MAIDEN NAME	Louise Rozilla Helm
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Monticello, Minn.	BIRTHPLACE	Duluth, Minn.
OCCUPATION	Lumber Yard Mgr	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Idaho

Sept 9 1913

Registrar [redacted]

Jesse L. Rains
per Blake Sabbag
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1964

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

553-119-025-141

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of ~~Town~~ Thorpe

Registration District No. ~~[illegible]~~ 10

File No. 16515

No. ..... St.

Primary Registration District No. ~~10~~ 2042

Registered No. 419

~~Hospital~~ Home

FULL NAME OF CHILD Walter Clark Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug. 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Walter Nelson	FULL MAIDEN NAME	Ethel Gracie Adams
RESIDENCE	Waterville Wash.	RESIDENCE	Concouilly Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Athens Ill.	BIRTHPLACE	Wheeler So. Dak.
OCCUPATION	Engineer	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Wesley F. Orr
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Idaho

Filed Sept 1 1913

Jesse E. Raines
Registrar
per Blake Sabbag

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-H

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NAME

RESIDENCE

COLOR

LAST

469-218125-455

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

~~Hospital~~ Home

Registration District No. ~~2042~~ 10 File No. 16516

Primary Registration District No. ~~10~~ 2042 Registered No. 420

FULL NAME OF CHILD Lucy Helen Moriarty

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Aug (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Moriarty	FULL MAIDEN NAME	Dora Katherine Dunbe
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iceland	BIRTHPLACE	Wilson, Kan.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. O'W M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Idaho

Filed Sept 1st 1913 Jesse E Rains Registrar per [illegible] Sub Regr

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-2091 025-214

Form V. S. No. 11-C—20m-2-16-12

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

~~Hospital~~ Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 16517

Primary Registration District No. ~~10~~ 2042 Registered No. 421

FULL NAME OF CHILD Christina Cecilia Michalek

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Geo. Michalek	FULL MAIDEN NAME	Mary Bauer
RESIDENCE	Ferdinand	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Halletsville Texas	BIRTHPLACE	Champaigne Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Ida.

Filed Sept 20 1913 Jesse E. Rains Registrar

per Blake Sub Reg

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDEN

AGE AT LAST

COLOR

BIRTH

958-218-025-443

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16518

County of Ida

City of Ferdinand

Registration District No. ~~[illegible]~~ 10 File No.

No. St.

Primary Registration District No. ~~[illegible]~~ 2042 Registered No. 422

Hospital

FULL NAME OF CHILD Winnifred Irene Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Ralph Reynolds	FULL MAIDEN NAME	Nettie May Dutro
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Peoly Wash.	BIRTHPLACE	Vesta N. D.
OCCUPATION	Farmer	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Lottie Aschenbrenner

(Physician or midwife)

Given names added from a supplemental report

19

Address Ferdinand Idaho

Filed Sept 1st 1913 Jesse E Ramo Registrar

per Blake Sub Reg

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

193-118-025-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 10 **File No.** 16519

Primary Registration District No. 2044 **Registered No.** 423

FULL NAME OF CHILD Wilbur Earnest Milot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Louis W Milot	FULL MAIDEN NAME	Ellen W Shearer
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19__

_____ *Registrar*

Address Grangeville Idaho

Filed Oct. 7 1913 Jesse L. Ranns *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

SEP 3 1942

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

168-120-025-4571

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 16520

Primary Registration District No. 2044 Registered No. 424

FULL NAME OF CHILD Marion Walter Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Everett Johnston	FULL MAIDEN NAME	Ethel B DeArmond
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Grangeville Idaho

Filed Oct 7 1913 Jesse L. Rance Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 11-6-42 C.A.

NOV 9 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

458-219-025-952

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Denver

No. ..... *St.*

Hospital .....

Registration District No. 10 **File No.** 16521

Primary Registration District No. 2044 **Registered No.** 425

FULL NAME OF CHILD Irene Cleo Zehner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl C Zehner	FULL MAIDEN NAME	Mary V Zehner
RESIDENCE	Denver Ida	RESIDENCE	Denver Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida

Filed Oct 7 1913 Jesse L. Rains
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

JAN 25 1956

V35-216-025-343

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 16522

Primary Registration District No. 1001 Registered No. 426

FULL NAME OF CHILD Beulah Eunice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thos B McNearney	FULL MAIDEN NAME	Bertha L Lillybridge
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Grangeville Idaho

Filed Oct. 7 1913 Jesse L. Rains Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

413-105-025-281

Form V. S. No. 11-C—20m-8-15-12.

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 16523

Primary Registration District No. 2044 Registered No. 427

FULL NAME OF CHILD Peter Mattison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Matt A Mattison	FULL MAIDEN NAME	Mary Shafer
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed Oct 7 1913 Jesse L. Rams
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 339483

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

967-2091025-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 16524

Primary Registration District No. 2044 Registered No. 428

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 9 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Lewis C Rogers	FULL MAIDEN NAME	Ida E Curtis
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stratton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Grangeville Ida

Filed Oct 7 1913 Jesse L. Rains Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20a

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

691-20 [redacted]-555

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Hotelbrook

Registration District No. 26 File No. 16525

No. ..... St.

Primary Registration District No. 2071 Registered No. 230

Hospital .....

FULL NAME OF CHILD Mary Greate Frome

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Frank Gustave Frome	FULL MAIDEN NAME	Emmeila Evens
RESIDENCE	Hotelbrook Idaho	RESIDENCE	Hotelbrook Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Salt Lake City Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson
Midwife
(Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 18 1913 D Clay
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1958

962-227-0-36-819

PLACE OF BIRTH

Form V. S. No. 11-C—20m-[illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

Registration District No. 26 File No. 16526

Primary Registration District No. 2071 Registered No. 231

FULL NAME OF CHILD EMMA ELIZABETH Bessey Robbins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	April 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cyrease M. Robbins	FULL MAIDEN NAME	Sarrah Ellen Ward
RESIDENCE	Stone Idaho	RESIDENCE	Stone Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Snowville Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 430 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Mid wife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Stone Idaho

Filed Oct 1 1913 D. C. Ray Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Franklin } ss.

Certificate No. 16526

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for (Name on Original Certificate) who (Was Born or Died) on (Date of Event) in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Bessey Robbins	Emma Elizabeth Robbins

Subscribed and sworn to before me this 1st day of August, 19 42

Notary Public, residing at Preston, Idaho

My commission expires May 1s, 1945 (Seal)

Signed E M Robbins

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Dayton, Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of August, 19 42.

Notary Public, residing at Preston, Idaho

My commission expires May 1st 1945. (Seal)

Signed Grace A. Thompson

(Signature of Any Credible Person Other Than Previous Year)

Preston Idaho

(Street Address, City, State)

AUG 12 1942

AUG 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

465-101-076-959

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form [redacted]

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16527

Primary Registration District No. 2071 Registered No. 232

FULL NAME OF CHILD Lemuel William Moede

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 1 1913

FATHER

FULL NAME: John Moede

RESIDENCE: Stone, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Corner, Nebraske

OCCUPATION: farmer

MOTHER

FULL MAIDEN NAME: Minie Gerneery

RESIDENCE: Stone Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Corner Nebraske

OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4.07 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Anderson

Mid wife (Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 18 1913 D C Ray Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 16527

State of NEBRASKA } ss.
County of WEBSTER }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth ~~or Death~~)
for William Lemuel Moede (Name on Original Certificate) who was born (Was Born ~~or Died~~) on September 1, 1913 (Date of Event)
in near Stone, Oneida County, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 1, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Wm.	William Lemuel Moede

Subscribed and sworn to before me this 28th day of September, 1943.

Signed X John Moede Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Red Cloud, Nebr.

My commission expires Feb. 13 - 1944
(Seal)

Grace Wolf
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEBRASKA } ss.
County of WEBSTER }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of September, 1943.

Signed Minnie Moede Mother
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Red Cloud Nebr Grace Wolf

My commission expires Feb 13 - 44
(Seal)

(Street Address, City, State)

OCT 11 1943

677-226-036-234

PLACE OF BIRTH

Form V. S. No. 11-O-20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 26 File No. 16528

Primary Registration District No. 2069 Registered No. 233

Hospital Stuart Presendee

FULL NAME OF CHILD Orlene Opperman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	May 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Opperman	FULL MAIDEN NAME	Jemima Stuart
RESIDENCE	Malad City	RESIDENCE	Malad City ~~Jemima Stuart~~
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE		BIRTHPLACE	Malad City Idaho
OCCUPATION	laborer	OCCUPATION	Store Clerk

Number of child of this mother, including present birth only this Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was May 26 a live (Born alive or stillborn) at 4.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Stuart (~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed ~~Jan~~ Sept 15 1913 D C Ray Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

JUL 19 1973

819-219-036-465

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Woodruff

Registration District No. 76 File No. 16529

No. ....., ... St.

Primary Registration District No. 2069 Registered No. 234

Hospital .....

FULL NAME OF CHILD Maud Harris

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1	1	Yes	8 (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orval Harris	FULL MAIDEN NAME	Hazel Davis
RESIDENCE	Woodruff Ida.	RESIDENCE	Woodruff Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Woodruff Ida.	BIRTHPLACE	Woodruff Ida.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns

(Physician or Midwife) MD

Given names added from a supplemental report

Address Malad Ida

..... 19....

Filed Aug 20 1913 D C Ray

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

768-126-036-962

Form V. S. No. 11-C—Rev. 9-15-12

PLACE OF BIRTH

IDAHO
BUREAU OF VITAL STATISTICS
[illegible] OF BIRTH

County of Oneida

City of Daniels

Registration District No. 26 File No. 16530

No. ..... St.

Primary Registration District No. 2069 Registered No. 235

Hospital .....

FULL NAME OF CHILD Cecil Murry Pohlman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Aug 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H Pohlman	FULL MAIDEN NAME	Lenora E Robbins
RESIDENCE	Daniels Idaho	RESIDENCE	Daniels Ida
COLOR	White AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 8:00 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rebecca Challenger
Midwife ~~Malad City Idaho R.R.~~
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Daniels Idaho

Filed ~~Aug~~ Sept 20 1913 D C Ray
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-223-036-319

PLACE OF BIRTH

Form V. S. No. 11-O

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Onedia

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 16531

Primary Registration District No. 2069 Registered No. 836

FULL NAME OF CHILD Violet Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		Yes	Aug 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	David H Richards	FULL MAIDEN NAME	Mary Carmichall
RESIDENCE	Malad City	RESIDENCE	Malad City Idaho
COLOR	White AGE AT LAST BIRTHDAY 52 (Years)	COLOR	White AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Farmer City Wyoming
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug 23 live (Born alive or stillborn), at 5.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Stuart

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed Sept 15 1913 D C Ray Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-124-036-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16532

County of Oneida

City of Samaria

Registration District No. 26

File No.

No. St.

Primary Registration District No. 2069

Registered No. 237

Hospital

FULL NAME OF CHILD Earl G. Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		8	yes	Aug 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James B. Thomas	FULL MAIDEN NAME	Ann Jenkins
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Samaria Ida

Filed Oct 4 1913

S. C. Ray
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1960

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

819-230-036-962

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 40 File No. 16533

Primary Registration District No. 2069 Registered No. 238

FULL NAME OF CHILD Margrith Harrison

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	Six (To be answered only in event of plural births)	yes	Aug (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Harrison	FULL MAIDEN NAME	Mary Ann Robberts
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	Malad Idaho
OCCUPATION	General Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Six Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Aug 30 1913 at 9-55 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Bolingbroke
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed Sept 16 1913 D C Ray
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1971

JUN 1 195

693.130 036-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria Registration District No. Ne File No. 16534

No. St.

Primary Registration District No. 1069 Registered No. 139

Hospital

FULL NAME OF CHILD Jeremiah Williams

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	— and	5	yes	Aug 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Samuel Williams	FULL MAIDEN NAME Agnes Thomas
RESIDENCE Samaria	RESIDENCE Samaria
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Samaria Ida	BIRTHPLACE Samaria Ida
OCCUPATION Farming	OCCUPATION Housekeeper

Number of child of this mother, including present birth five Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Rees

Midwife (Physician or midwife)

Address Samaria Idaho

Filed Oct 4 13 D. Ray Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—30m-2-38-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH -

Amended Oct. 15, 1952

PLACE OF BIRTH

386-20-6036 415

County of Oneida

City of Samaria

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16535

Primary Registration District No. ____ Registered No. 240

FULL NAME OF CHILD MARY DONNA THOMAS

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
female				yes	Sept. 6, [illegible]

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	David Thomas	FULL MAIDEN NAME	Anna Davis
RESIDENCE	Samaria, Ida.	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Brigham City, Ut.	BIRTHPLACE	Samaria, Ida.
OCCUPATION	farming	OCCUPATION	housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) Mary A. Reese

midwife
(Physician or midwife)

Address Samaria, Idaho

Filed Oct. 4 1923 D.C.Ray
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 15 1962

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16535

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Sept. 6, 1913 (Birth ~~or Death~~)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of blessing - school records - & insurance policy all sent (Bible Record, Insurance Policy, Etc.) prepared on into this office. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Esther Thomas	Mary D. Thomas Mary Donna Thomas

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Anna Davis Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3850 Ogden ave Ogden Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Weber } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of Dec., 1939

Notary Public, residing at Ogden, Utah
My commission expires Dec. 9-1939
(Seal)

Signed Vera G. Davis
(Signature of Any Credible Person)

334 Wash. Blvd. Ogden, Utah
(Street Address, City, State)

DPH 52.155

165-118-036-386

PLACE OF BIRTH

County of Ada

City of Malad

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16536

Primary Registration District No. 2069 Registered No. 241

FULL NAME OF CHILD William Hugh Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	one (To be answered only in event of plural births)	6	yes	9 (Month), 18 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Eli B. Jones.	FULL MAIDEN NAME	Mary Thomas.
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns. M.D.

Malad Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Sept 23 1913 D C Ray

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 11 1944

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Oneida (b) City Malad
(c) Street Address or R.F.D. No. Bannock St.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 10 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Oneida
(c) City Malad
(d) Street Address or R.F.D. No. Bannock St.
(e) How long has **MOTHER** lived in Idaho? 33 yrs.

3. RESIDENCE OF FATHER (city, state) Malad Idaho

4. FULL NAME OF CHILD William Hugh Jones.

5. Date of Birth of Child (Month, day, year) Sept 18th 1918.

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

10. **FULL NAME** Eli Benjamin Jones.
11. Color or Race White
12. Age at time of THIS birth 35 yrs.
13. Birthplace Malad (City or town) Idaho. (State or foreign country)
14. Exact Occupation Farming
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Mary Thomas Jones.
17. Color or Race White
18. Age at time of THIS birth 33 yrs.
19. Birthplace Malad (City or town) Idaho. (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child, Six (b) Born alive and now living Five

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I atte[redacted] the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and th[redacted]rsonal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Oneida } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 64 years of age, that I have known this person for 31 years, and that Dr James Marion Kerns (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mary Thomas Jones Signature
Malad Idaho Box 91 P. O. Address

Subscribed and sworn to before me this 22nd day of March, 1944.

(SEAL) Edward Moozley. Notary Public, residing at Malad Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on MAR 25 1944 by , Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the ~~Bureau of Vital Statistics for~~ the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge of the premises.

414-222-036-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Cherry creek

Registration District No. 26

File No. 16537

No. ..... St.

Primary Registration District No. 2069

Registered No. 247

Hospital .....

FULL NAME OF CHILD Albert Madsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		3	yes	Sept 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank C. Madsen	FULL MAIDEN NAME	Mary A. Dalton
RESIDENCE	Cherry Creek Ut.	RESIDENCE	Cherry Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Salem Utah	BIRTHPLACE	Willard Ut.
OCCUPATION	Farming	OCCUPATION	Housekeeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Idaho

Filed Oct 4 1913 D C Ray

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 13-361819

386-20810-36433

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C...

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16538

Primary Registration District No. 2069 Registered No. 248

FULL NAME OF CHILD Arthel M. Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 8 19...

FATHER		MOTHER	
FULL NAME	Edward E. Thomas	FULL MAIDEN NAME	Estella Mc Clure
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Iowa
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Allen Physician
(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 8 19 13 D. C. Gray Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1973

165-116-036-819

PLACE OF BIRTH

Form V. S. No. 11-C

IDAHO
AL STATISTICS
OF BIRTH

16539

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 244

Hospital

FULL NAME OF CHILD Dale A. Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edwin C Jones	FULL MAIDEN NAME	Ethel E Harvey
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Malad Ida	BIRTHPLACE	Rochester Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Malad Ida

Registrar

Filed Oct 8 1913 D C Ray Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 15 1943

MAR 8 1973

38a 104 036-245

PLACE OF BIRTH

Form U. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16541

County of Oneida

City of Malad

Registration District No. 26 File No.

No. St.

Primary Registration District No. 2069 Registered No. 246

Hospital

FULL NAME OF CHILD Cecil Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male			yes	9	4	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horatio D Thomas	Mabel M Kunz
RESIDENCE	Malad City Idaho	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City, Idaho

Given names added from a supplemental report

.....19.....

Filed 9-12 1913 D C Ray

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

FEB 3

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. _____

Registered No. _____

PLACE OF BIRTH

County of _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

453-111-036559

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16542

Primary Registration District No. 2069 Registered No. 247

FULL NAME OF CHILD Clyde Morris Decker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	9 11 1913

	FATHER	MOTHER
FULL NAME	Eugene M Decker	FULL MAIDEN NAME Maude Nelson
RESIDENCE	Malad City Idaho	RESIDENCE same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	School Principal	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D.
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-12 1913

..... Registrar

D C Ray Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev. 6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 2 2 1958

File No. _____

Registered No. _____

PLACE OF BIRTH

County of _____

613-218-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16543

Primary Registration District No. 2069 Registered No. 216

FULL NAME OF CHILD Victoria Wall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Sept 18 1913

	FATHER	MOTHER
FULL NAME	Charles C Wall	FULL MAIDEN NAME Elizabeth Jones
RESIDENCE	Arbon Idaho	RESIDENCE Idaho
COLOR	white	COLOR wh
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-20 1913 D. C. Ray Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-120-036-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16544

Primary Registration District No. 2069 Registered No. 249

FULL NAME OF CHILD Owen Kelly Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	9 20 1913

FATHER		MOTHER	
FULL NAME	Henry C Brown	FULL MAIDEN NAME	Pearl L Duncan
RESIDENCE	Malad City Idaho	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-30 19 13 D C Ray

..... Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—Dm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 16 1956

255-128'0 36-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 16545

Primary Registration District No. 2069 Registered No. 250

FULL NAME OF CHILD Leland Bennett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Bennett	FULL MAIDEN NAME	Martha L Jenkins
RESIDENCE	Malad City	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Cement worker	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed 10-30 1913 D C Ray
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH AUG 5 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799-12 8'036694

PLACE OF BIRTH

Amended 6/13/78

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 16546

Primary Registration District No. 2069 Registered No. 251

FULL NAME OF CHILD John Newell Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Brigham Price	May Ormand
RESIDENCE	Malad City Idaho	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	38	26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	sheep inspector	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-3 19 13 D. C. Ray Registrar

8-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss. MAY 11 9 22 AM '78

Certificate No. 16546

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Price (Name on Original Certificate) who was born (Was Born or Died) on September 28, 1913 (Date of Event)
in Malad (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	John Newell Price

Subscribed and sworn to before me this 8 day of may, 19 78

Notary Public, residing at Salt Lake City, Utah

My commission expires may 27, 1980

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1129 E 300 S Salt Lake City, Utah (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of may, 19 78

Notary Public, residing at Salt Lake City, Utah

My commission expires may 27, 1980

(Seal)

Signed [signature] (Signature of Any Credible Person)

1129 Bryan Ave Salt Lake City, Utah (Street Address, City, State)

FORM DH 60-155

CL sent 3/31/78 1 copy paid rec. 19993 (sent as is)

Certif of Baptism from the LDs Church gives name as John Newell Price son of Brigham T. Price and E. May Ormond born Sept 28, 1913 at Malad, Idaho. Baptized OCt 2, 1921. viewedby V. S.

JUN 14 1978

Certif of Ordination from the LDS Church gives name as John Newell Price Ordained a Teacher on July 1, 1928. gives g father's name a Brigham T. Price and mother's name s Esther Mae Ormond. born Sept 28, 1913. viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

351-10110 [redacted]

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 121 File No. 16547

Primary Registration District No. 2194 Registered No. 191

FULL NAME OF CHILD Miles Ross Leach

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Sept 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Ross Leach	FULL MAIDEN NAME	Mary Adeline Alkire
RESIDENCE	Springfield, Ida	RESIDENCE	Springfield, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Aberdeen Ida

Filed Sept 3 1913 M. E. Patrie Registrar

S-Y CO. 20174

SEP 16 1948

AUG 12 1975

Amended 12-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16548
Local Reg. No. 192
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverside Ward

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location): R.F.D. #2

3. CHILD'S NAME *(Type or print)*

a. (First) LeOre b. (Middle) c. (Last) Cobbley

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Aug. 28, 1913

FATHER OF CHILD

7. FULL NAME

a. (First) Orville b. (Middle) James c. (Last) Cobbley

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First) Amanda b. (Middle) c. (Last) Christiansen

13. AGE (At time of this birth): 37 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. E. Patrie

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Blackfoot, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 8, 1913

22. REGISTRAR'S SIGNATURE: W.E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address IVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
NOV 18 1965
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada
County of Clark } ss.

Certificate No. 16548

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lear Cobbley (female child) who was born on Aug. 28, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Riverside Ward, rural Blackfoot, ~~Idaho~~ are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lear Cobbley	LeOre Cobbley

Subscribed and sworn to before me this 30th day of August, 1962

Eugene H. Smith EUGENE H. SMITH
Notary Public, residing at Elko Nev.
My commission expires Sept 21, 1963
(Seal)

Signed Daphne C. Bonham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1175 - 1st St Elko Nev.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1963

Notary Public, residing at Clark Co. Nev.
My commission expires
(Seal) MY COMMISSION EXPIRES SEPTEMBER 18, 1966

Signed Grace Griffin
(Signature of Any Credible Person)

Aberdeen Idaho
(Street Address, City, State)

FORM DH 60-155

CL 10-12-62. one copy pd. rec. #17869.

Nevada Operator's License, esp--expired-8n expired in 1956 gives full name as LeOre Cobbley, born Aug. 28, 1913- viewed by V.S.

Withholding Statement, Income Tax, year of 1952 gives full name as LeOre Cobbley - viewed by V.S.

256-20310 06165

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Blackfoot

No. 238 N. Stout St.

Registration District No. 121 File No. 16549

Primary Registration District No. 1007 Registered No. 193

Hospital

FULL NAME OF CHILD Evelyn Costella Sewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 3 1913

FATHER

FULL NAME: Russell R. Sewell

RESIDENCE: Blackfoot

COLOR: W AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Mo

OCCUPATION: Night Policeman

MOTHER

FULL MAIDEN NAME: Emma L. Jones

RESIDENCE: Do

COLOR: W AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45- a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

Filed Sept 12 19 M. E. Patrick

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 2 1972

617-104C006-995

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

16550

County of Bingham

City of Blackfoot

No. 144 N.E. Main St.

Hospital No.

Registration District No. 121

File No.

Primary Registration District No. 1007

Registered No. 194

FULL NAME OF CHILD Gustav Wagner

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes	September 4, 1913

FATHER		MOTHER	
FULL NAME	George Wagner	FULL MAIDEN NAME	Mollie Rieber
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth four

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Bratway

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address

Filed Sept 14 1913 W. E. Patrie Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

249-224-006-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF OHIO
BUREAU OF [illegible]TISTICS
CERTI[illegible]TH

County of Bingham

City of Belfoot

No. RFD 4 St.

Registration District No. 121

File No. 16551

Primary Registration District No. 2194

Registered No. 195

Hospital

FULL NAME OF CHILD Pauline Bell Burnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Aug 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stewart Burnett	FULL MAIDEN NAME	Rosa Byers
RESIDENCE	Belfoot RFD 4	RESIDENCE	Belfoot RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Sept 17 1913 W. E. Patrie

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 18 1966
Bureau of Vital Statistics

State of Oregon } ss.
County of Josephine }

Certificate No. 16551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Burnett (female child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 24, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptisimal/School (Bible Record, Insurance Policy, Etc.) prepared on 5/22/31 (School) 11/16/13 Baptisimal (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Pauline Bell Burnett

Subscribed and sworn to before me this 16th day of May 19 66

Notary Public, residing at Grants Pass, Oregon

My commission expires MY COMMISSION EXPIRES JUNE 19, 1968

(Seal)

Signed x Pauline Bell Burnett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

625 NE D st. Grants Pass, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Josephine }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May 1966 19

Notary Public, residing at Grants Pass, Oregon

My commission expires MY COMMISSION EXPIRES JUNE 19, 1968

(Seal)

Signed x Pearl Botens
(Signature of Any Credible Person)

Pearl Botens

6204 SE 40th st. Portland, Oregon
(Street Address, City, State)

FORM DH 60.155 CL 5-12-66. mm two copies pd.

Certificate of Baptism, baptized Nov. 16, 1913 gives full name as Pauline Bell Burnett, child of Stewart L. and Rosa Bell Burnett; of Moreland, Idaho - baptized by Henry W. Parker, Minister of the Gospel - viewed by V.S.

JUN 8 1966

Certificate of Marriage, married April 10, 1933 at Klamath Falls, Oregon gives full name of groom as Floyd Arlo Stewart and full name of bride as Pauline Bell Burnett - viewed by V.S.

533-1041006-749

PLACE OF BIRTH

[redacted] OF IDAHO
VITAL STATISTICS
[redacted]ICATE OF BIRTH

Form V. S. No. 11-C—20m-6-19-42

County of Bingham

City of Blackfoot

No. (Maryland) St.

Registration District No. 121 File No. 16552

Primary Registration District No. 2194 Registered No. 196

Hospital

FULL NAME OF CHILD Kenneth Ellis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept 4 1913

FATHER

FULL NAME Geo. Willard Ellis

RESIDENCE Maryland

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emily Jensen

RESIDENCE Maryland

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.d

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 17 19 13

.....
Registrar

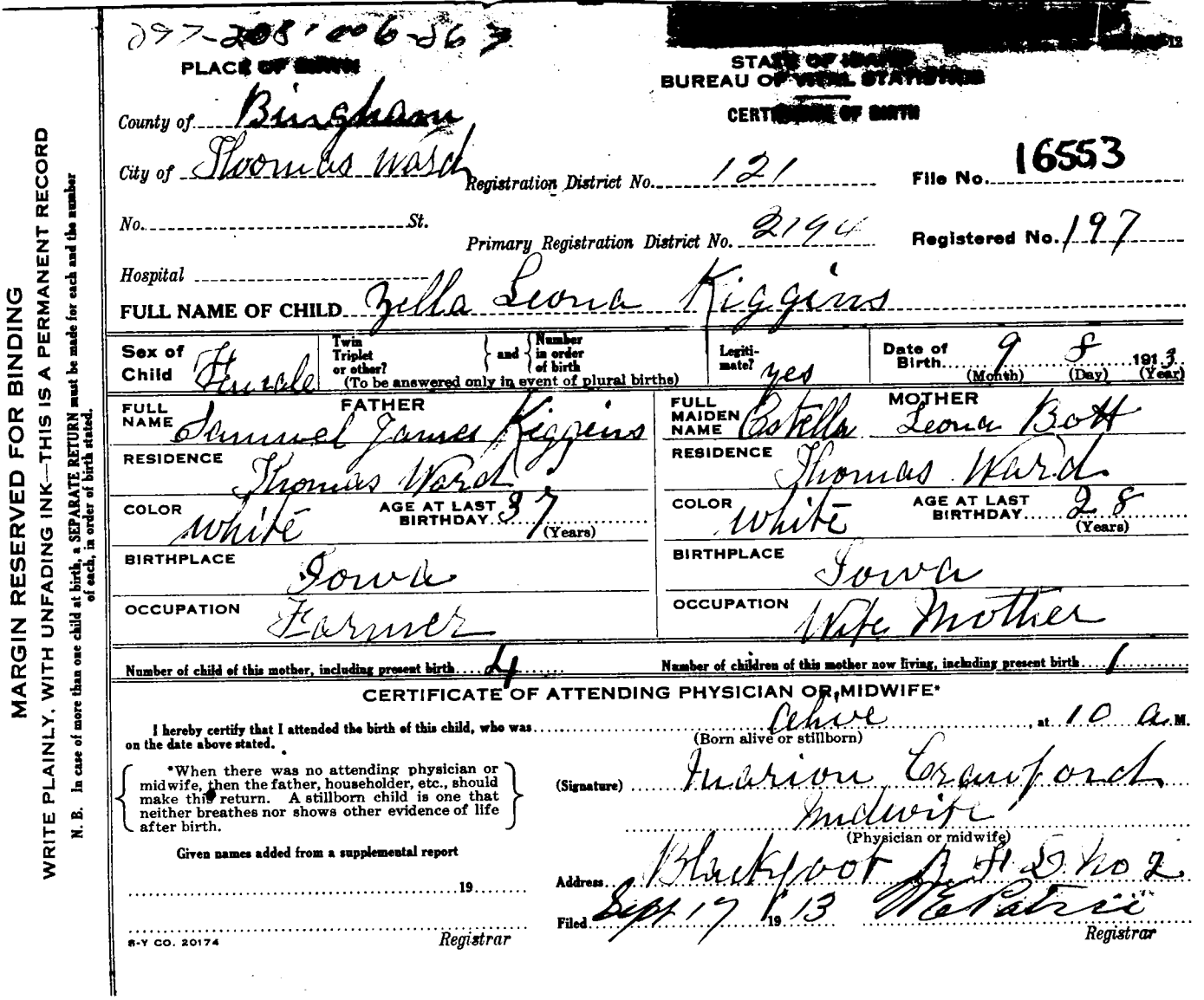
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1962



97-208-006363

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward Registration District No. 121 File No. 16553

No. St. Primary Registration District No. 2190 Registered No. 197

Hospital

FULL NAME OF CHILD Zella Leona Kiggins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	9 8 1913

FATHER		MOTHER	
FULL NAME	Samuel James Kiggins	FULL MAIDEN NAME	Estella Leona Bott
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife Mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Address Blackfoot Ida R.D. No 2

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sept 17 19 13

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

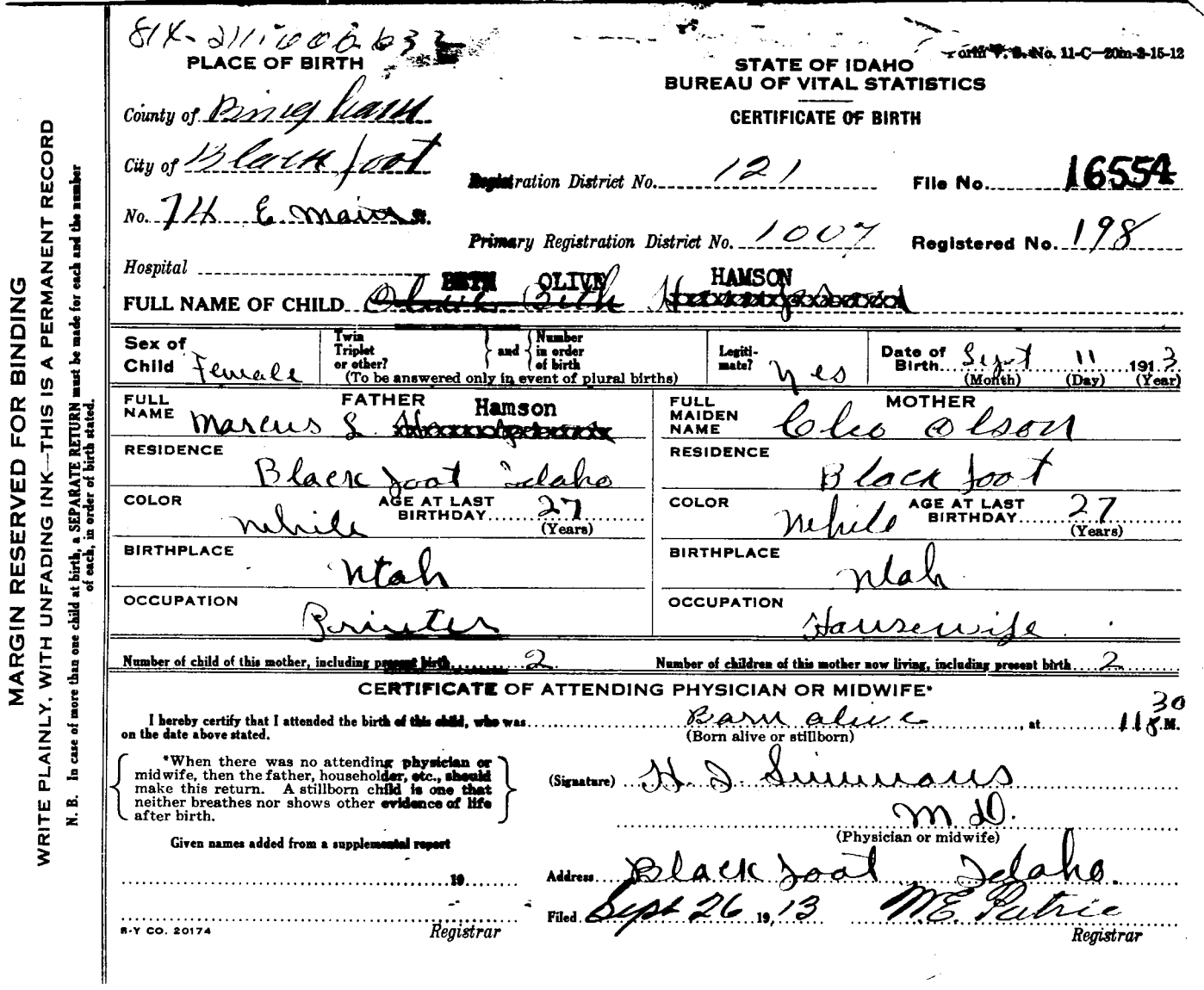
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 16 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81X-211-006-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 74 E. Main St.

Registration District No. 121 File No. 16554

Primary Registration District No. 1007 Registered No. 198

Hospital

FULL NAME OF CHILD ~~Olive Beth~~ BETH OLIVE ~~Hamson~~ HAMSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Marcus S. ~~Hamson~~ Hamson	FULL MAIDEN NAME	Cleo Olson
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Sept 26 1913 M. E. Patrie Registrar

Registrar

8-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

Certificate No. 16554

Date Filed June 15, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for BETH OLIVE HAMSON (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 11, 1913 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec 30, 1941 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Olive Beth Hampson	Beth Olive Hamson

Subscribed and sworn to before me this 15-th
day of June, 19 43

Floyd R Miller
Notary Public, residing at Salt Lake City, Utah
My commission expires 4-14-47
(SEAL)

Signed Mrs Cleo Hamson Visser
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

1086 So-4th East
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15-th
day of June, 19 43

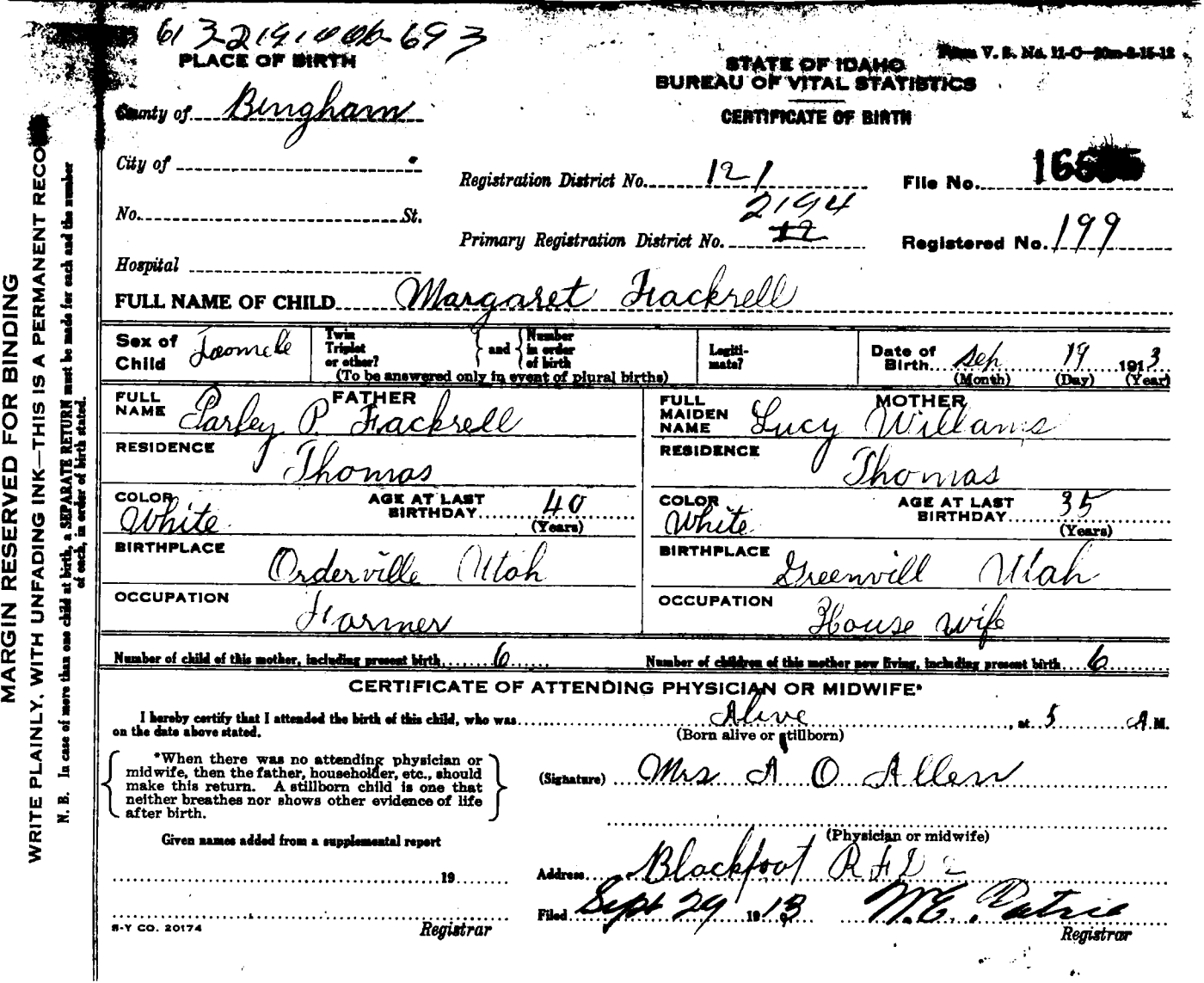
Notary Public, residing at Salt Lake City, Utah
My commission expires 4-14-47
(SEAL)

Signed Florence L Visick
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

972 Hollywood ave
(STREET ADDRESS, CITY, STATE)
Salt Lake City Utah

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 7 1943



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-2191-006-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of

No. St.

Hospital

Registration District No. 121

Primary Registration District No. ~~12~~ 2194

File No. 16[illegible]

Registered No. 199

FULL NAME OF CHILD Margaret Fackrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Feomele			Sep (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Parley P. Fackrell	FULL MAIDEN NAME	Lucy Williams
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Orderville Utah	BIRTHPLACE	Greenvill Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs A O Allen

(Physician or midwife)

Address Blackfoot R F D 2

Given names added from a supplemental report

19

Registrar

Filed Sept 29 1913 W. E. Patrick

Registrar

S-Y CO. 20174

Form V. S. No. H-C—20m-8-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH AMENDED ~~JUNE~~ 23, 1953 STATE OF IDAHO

866-2161006-542

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 1 St.

Registration District No. 121 File No. 16556

Hospital

Primary Registration District No. 2194 Registered No. 200

FULL NAME OF CHILD MARIE MARGARET HOOE

(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept. 16, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

FATHER		MOTHER	
FULL NAME	Charly Hooe	FULL MAIDEN NAME	Frieda Catherine Nuss
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife

(Physician or midwife)

Give names added from a supplemental report.

Address

, 192

Registrar.

Filed Oct. 1, 1913 W. E. Patrie

Registrar.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nebraska
County of Adams } ss.

Certificate No. 16556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Katharina Mary Hooe (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on September, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Katharina Mary Hooe	Marie Margaret Hooe
Mother's name.	Katharina (Nuss) Hooe	Frieda Catherine (Nuss)

Subscribed and sworn to before me this 16th day of June, 19 53

Notary Public, residing at Hastings, Nebraska
My commission expires Oct. 1, 1958
(Seal)

Signed Frieda Catharine Nuss Hooe
Charles Sherman Hooe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

318 E. 2nd St. Hastings, Nebraska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52-155

2 c. pd.

276-122-006-445

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Route No. 1 St.

Hospital No.

Registration District No. 121

File No. 16567

Primary Registration District No. 2190

Registered No. 201

FULL NAME OF CHILD Rideard Edwon Blood

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy			Yes	Oct 22, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrison Blood	FULL MAIDEN NAME	Pearl Munsee
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given name added from a supplemental report

..., 19...

Registrar

Address ...

Filed Oct 1 19 13 M. E. Patrick

Registrar

S-Y CO., 16666

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No.

MAY 1942

155·109·006695

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. R.F.D. no 1 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 16558

Primary Registration District No. 2194 Registered No. 202

FULL NAME OF CHILD Levawn Finley Jenson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	May 9 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James M. Jenson	FULL MAIDEN NAME	Alice E. Finley
RESIDENCE	R.F.D. no 1	RESIDENCE	R.F.D. N 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper

Physician (Physician or Midwife)

Address Blackfoot Idaho

Filed Oct 1 1913 M. E. Patrie Registrar

Given names added from a supplemental report

..... 19....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

366-213-006-613

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Registration District No. 121 File No. 16559

No. R. 7. D. on 4 St. Primary Registration District No. 2194 Registered No. 203

Hospital

FULL NAME OF CHILD Rosa. June. Cowdell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John. Cowdell.	Lewis Walters
RESIDENCE	R. 7 D. No 4	R. 7. D. no 4
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) John B. Cooper

Physician.
(Physician or Midwife)

Address Blackfoot Idaho

Filed Oct 1 19 13 M. E. Patrie
Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

JUN 5 1970

154.109.006-798

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 113 West Pacific St.

Hospital

Registration District No. 121

File No. 16560

Primary Registration District No. 1007

Registered No. 2

FULL NAME OF CHILD John. Rudolf. Anderson 20

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 9 1913

FATHER		MOTHER	
FULL NAME	Carl G. Anderson	FULL MAIDEN NAME	Amanda M. Grahn.
RESIDENCE	113 W Pacific St Blackfoot	RESIDENCE	113 W Pacific St Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Realestate Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper.

Physician. (Physician or Midwife)

Given names added from a supplemental report

Address Blackfoot. Idaho

Filed Oct 1 1913 M E Patrie

Registrar

Registrar

8-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1942

AUG 10 1971

242-2171006-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 86 University St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 16561

Primary Registration District No. 1007 Registered No. 205

FULL NAME OF CHILD Barbara Irene Bush

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 17 1913

FATHER		MOTHER	
FULL NAME	Harold Bush	FULL MAIDEN NAME	Emma H. Garrett
RESIDENCE	Blackfoot	RESIDENCE	Do.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tenn	BIRTHPLACE	Wyo
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 35 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Oct 1 1913 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1976

692-106006-692

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B

City of Blackfoot

No. ..... St.

Registration District No. 121 File No. 16862

Primary Registration District No. 2194 Registered No. 206

Hospital Ito

FULL NAME OF CHILD Varnal Montreal Fisher

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 6 1913

FATHER		MOTHER	
FULL NAME	Harry Fisher	FULL MAIDEN NAME	Maggie Fisher
RESIDENCE	Blackfoot	RESIDENCE	Do
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	No Carolina	BIRTHPLACE	No Carolina
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 1 1913 W. E. Patrie

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Stored No.

PLACE OF BIRTH

City of

COLOR

613-225-006-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital ..... ×

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 16563

Primary Registration District No. 2194 Registered No. 207

FULL NAME OF CHILD Unnamed Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
× Female			Yes	Sept 25 1913

FATHER	MOTHER
FULL NAME × Robt. E. Wallace	FULL MAIDEN NAME × Ellis Mabel Vinson
RESIDENCE Blackfoot Idaho	RESIDENCE do
COLOR W AGE AT LAST BIRTHDAY × 40 (Years)	COLOR W AGE AT LAST BIRTHDAY × 35 (Years)
BIRTHPLACE × Iowa	BIRTHPLACE × Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth × 7 — Number of children of this mother now living, including present birth × 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at × 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 1 19 13 W. E. Patrie

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.....

Registered No.....

PLACE OF BIRTH

County of.....

653-122-006-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Thomas Ward

Registration District No. 121 File No. 16564

No. ..... St.

Primary Registration District No. 2194 Registered No. 208

Hospital No

FULL NAME OF CHILD Ronald Felsted

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Sept 22 1913

FATHER		MOTHER	
FULL NAME	Peter C. Felsted	FULL MAIDEN NAME	Mattie Parsons
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 1 1913 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County of

ORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

268 [redacted] 1006-367

[redacted] BIRTH

[redacted] Bingham

City of Blackfoot

No. 204 E. Alice St.

Hospital No

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 16565

Primary Registration District No. 1007 Registered No. 209

FULL NAME OF CHILD Unnamed Boyle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Sept 17 1913

FATHER

FULL NAME Chas. Edw. Boyle

RESIDENCE Blackfoot

COLOR W AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Mis

OCCUPATION Hdw clerk

MOTHER

FULL MAIDEN NAME Katherine Collins

RESIDENCE do

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Iowa

OCCUPATION Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 10 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Oct 1 19 13 W. E. Patrie
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Reg. Term No.

PLACE OF BIRTH

County of

397-125

PLAC[redacted]

Form V. S. No. 11[redacted]

STATE OF IDAHO
[redacted]U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of B[redacted]

City of Fairfield

Registration District No. 58 File No. 16566

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lloyd Henry Lightfoot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Lightfoot	FULL MAIDEN NAME	Kate A. Printy
RESIDENCE	Fairfield Ida	RESIDENCE	Fairfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9 25 13 at 1 30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 9 26 1913 DeWitt P. Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/11/40 L. B.

966-125-007-122

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 58 File No. 16567

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD WILBERT ABBOTT Rowland

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wilbert Rowland	FULL MAIDEN NAME	Alice Abbott
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-25-13 at 2 30 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DelWitt P. Higgs
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Soldier Idaho

Filed 9-25 1913. DelWitt P. Higgs Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Wash.

Certificate No. 16567

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for name omitted on origina (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept 25, 1913 (DATE OF EVENT) in Soldier, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wilbert Abbott Rowland

Subscribed and sworn to before me this 9th day of March 1943.

D L Carter

Notary Public, residing at Moscow Idaho

My commission expires Feb 4 1946

(SEAL)

Signed Wilbert Rowland X

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

RFD 1 Moscow Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March 1943.

D L Carter

Notary Public, residing at Moscow Idaho

My commission expires Feb 4 1946

(SEAL)

Signed John J. Beeson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

RFD 2 Moscow Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 1 3 1943

295-226407-864

PLACE OF BIRTH

STATE OF IDA[redacted]
BUREAU OF VITAL ST[redacted]
CERTIFICATE OF BI[redacted]

County of Blaine

City of Soldier

Registration District No. 58 File No. 16568

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ravina Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	9 (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas Kinney	FULL MAIDEN NAME	Nannie Young
RESIDENCE	Soldier Idaho	RESIDENCE	Soldier Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-20-13 at 8 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier, Ida

Filed 9-26 1913 DeWitt P. Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

122-126-007-219

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 58 File No. 16569

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD John Lowrey Abbott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	9 (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Abbott	FULL MAIDEN NAME	Nellie Barkley
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9 26 13 at 2 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Higgs
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 9-27 1913 DeWitt P Higgs
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. E.W.

MAY 9 1984

249-210

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

Registration District No. 58 File No. 16570

No. ..... St.

Primary Registration District No. 2138 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leela Burton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Guy Burton	FULL MAIDEN NAME	Katie Edenburn
RESIDENCE	Hill City Ida	RESIDENCE	Hill City, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo,	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-10-13 at 2 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DelWitt P. Higgs
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Idaho

Filed 9-11 1913 DelWitt P. Higgs
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 2 1 1965

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

29-11.41.007-245

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-30

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16571

County of Blaine

City of Soldier

No. _____ St.

Hospital _____

Registration District No. 58

Primary Registration District No. 2138

File No. _____

Registered No. _____

FULL NAME OF CHILD Hugh Grey Brady

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 14 1913

FATHER		MOTHER	
FULL NAME	C Wm Brady	FULL MAIDEN NAME	Libbie Bunker
RESIDENCE	Soldier Ida,	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 9-14-13 at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P Higgs M.D.

Physician
(Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 9-15 1913 DeWitt P Higgs Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

TE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 23 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16571

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brady (Male) (Name on Original Certificate) who was born (Was Born or Died) on 9-14-13 (Date of Event)
in Soldier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Hugh Grey Brady

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of
January, 19 74

.....
Notary Public, residing at Jerome Idaho
My commission expires Sept. 1978
(Seal)

Signed Joel a B Brady
(Signature of Any Credible Person)

RRD #1 Twin Falls Idaho
(Street Address, City, State)

FORM DH 80-155 CL 2/23/73

Insurance Policy from The ~~Capitol~~ Capitol Life Insurance Co. gives name as Hugh G. Brady. Policy No. 268045. issued April 26, 1966. Viewed by V. S. FEB 11 1974

Own daughter's birth certificate on file in Idaho (#273928) gives father's name as Hugh Grey Brady. Viewed by V. S.

199-225-020

PLACE OF BIRTH

Form V. S. No. 11-C--15m-6-20-11

[redacted] HO
tistics
BIRTH

County of Elmore

City of Mountain Home Registration District No. [redacted] File No. 16572

No. —, —— St.

Primary Registration District No. 2020 Registered No. 58

Hospital —

FULL NAME OF CHILD Josefa Arrillaga Tayo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Sept. 25th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antero Arrillaga	Josefa Tayo Goicoechea
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	22	30
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth ..one.. Number of children, of this mother, now living, including present birth ..one..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mather

Physician (Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

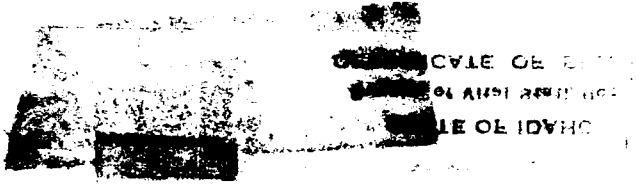
Filed Sept. 25th 1913 B.W. Mather Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



213-226-020-391

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 16573

No. ..... St.

Primary Registration District No. 2020 Registered No. 60

Hospital .....

FULL NAME OF CHILD Barbara Beatrice Bach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		8th	Yes.	Sept 26 1913

FATHER

FULL NAME Charles A Bach

RESIDENCE Mountain Home

COLOR White AGE AT LAST BIRTHDAY 51 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Cora Cranston

RESIDENCE Mountain Home

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Home Keeper

Number of child of this mother, including present birth Eighth

Number of children of this mother now living, including present birth eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife
(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

..... 19.....

Filed Sept 30th 1913 B.W. Walker
Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m.-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 5 1968

249-130-020-419

PLACE OF BIRTH

County of Elmore

City of Mudbury

No. ——, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registered No. 34 File No. 16574

Primary Registration District No. 2020 Registered No. 61

FULL NAME OF CHILD ———

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	6	yes	Sept 30 a. 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Burnt	Rose Mars
RESIDENCE	Mudbury	Mudbury
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Sept 30, 1913, at 6.15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenns Ferry, Idaho

Filed Oct. 1st. 1913 B. W. Mather Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

366-216-020-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. ——— St.

Hospital ———

Registration District No. 34 File No. 16575

Primary Registration District No. 20[illegible] Registered No. 63

FULL NAME OF CHILD Jaqueline Cooper

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Sept. 16th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Allen N Cooper	FULL MAIDEN NAME	Flora Strupp
RESIDENCE	Mtn Home	RESIDENCE	Mtn. Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ontario Can	BIRTHPLACE	Maine
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~), at 3.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mtn Home

Filed Oct. 7th 1913 B. W. Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 25 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

MAY 15 1967

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Multnomah } ss.
County of Oregon }

Certificate No. 16575

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Cooper (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1913 (Date of Event) in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Jaqueline E. Cooper

Subscribed and sworn to before me this 29 day of March, 1967

Vivian E. Karkela

Notary Public, residing at Portland, Ore.

My commission expires Commission Expires Nov. 27, 1968

(Seal)

Signed Helen A. Cooper

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

13767-NE-San Rafael-Portland, Ore 97230

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Mississippi } ss.
County of Hinds }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 1967

~~Jacks~~ James M. Stevens

Notary Public, residing at Jackson, Miss

My commission expires 6-30-68

Signed Roland C. Fons

(Signature of Any Credible Person)

809 N. State St. Jackson Miss.

(Street Address, City, State)

ASS'T STATE VETERANS AFFAIRS COMMISSIONER

FORM DH 60-155, Authority, Section 7486-08 - Code of 1942

CL 2-16-67.

School Record Statement, Linda Schudel, Secretary to the Registrar, states " Our records show that Jaqueline Cooper recorded her birthdate as September 16, 1913, at Mt. Home, Idaho and listed her parent as Flora T. Cooper" - viewed by VS. JAN 8 1969

PHO Copy of Marriage License, May 2, 1933, State of California, County of San Mateo, gives name of bride as Jacqueline Cooper and name of groom as Keith Barr Cobo - viewed by VS. (Hazel Hurlbert said to accept this document - January 7, 1969) AUG 6 1973

712-225-020-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 16576

No. ..... St.

Primary Registration District No. 2020 Registered No. 59

Hospital .....

FULL NAME OF CHILD Rose Alice Gastel

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	first	Yes	Sept 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Gastel	FULL MAIDEN NAME	Minna Bues
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Teamster	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife
(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Mountain Home

Filed Sept. 29th 1913 B W Mather
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 1 1 1942

DECEASED

437-109-020-712

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 16577

No. —, —— St. Primary Registration District No. 2020 Registered No. 62

Hospital ——

FULL NAME OF CHILD Joseph Henry George McGrath

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	April 9, 1913

FATHER		MOTHER	
FULL NAME	Wm H. McGrath	FULL MAIDEN NAME	Amanda Labbe
RESIDENCE	Mtn H.	RESIDENCE	Mtn H.
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	S. Dak	BIRTHPLACE	N. Dak.
OCCUPATION	Lo	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Oct. 4th, 1913 B. W. Mathes

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 23 1951

462-1101 020-719

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. — St.

Hospital —

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 34 File No. 16578

Primary Registration District No. 2020 Registered No. 64

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	—	yes	Sept 10th 1913

FATHER		MOTHER	
FULL NAME	James F Moss	FULL MAIDEN NAME	Maggie A. Parsell
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Farmer and Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. Sept 10, 1913, at 6 — M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Frazier
Physician
(Physician or midwife)

Address Mtn Home Ida

Given names added from a supplemental report

....., 19.....

Filed Oct. 7th, 1913 B. W. Mather
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1974

4-58-201-231-

PLACE OF BIRTH

[redacted] E OF IDAHO
VITAL STATISTICS
ICATE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

County of Lewis

City of Vollmer

Registration District No. 50

File No. 16579

No. ..... St.

Primary Registration District No. 2129

Registered No. 8

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			no	Sept 1 1913

FATHER		MOTHER	
FULL NAME	George Meyer	FULL MAIDEN NAME	Asta Bye
RESIDENCE	Clarkston, Wash.	RESIDENCE	Negpine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	not Known	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Domestic work

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burtz

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Vollmer Idaho

Filed Sept 13 1913 H. C. Parrish

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FSS-104-03-284

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 16580

Primary Registration District No. 2129 Registered No. 9

FULL NAME OF CHILD Robert Hiram Hensley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Sept. 4 1913

FATHER		MOTHER	
FULL NAME	Harry H. Hensley	FULL MAIDEN NAME	Mable Shuck
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	mail carrier	OCCUPATION	Book Keeper in Phonoffice

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 3 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burks

Physician
(Physician or midwife)

Address Vollmer Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Sept 13 1913 H. C. Parrish
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-80m-2-M-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-384

[redacted]

ST[redacted]

BUREAU [redacted]

CER[redacted]

County of [redacted]

City of Vollmer

Registration District No. 50

File No. 16581

No. ..... St.

Primary Registration District No. 2129

Registered No. 10

Hospital .....

FULL NAME OF CHILD DANIEL W. GEIDL ~~not named~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Geidell GEIDL	FULL MAIDEN NAME	Nellie Lydon
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Lincoln, Kansas.
OCCUPATION	Farm laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive ~~or stillborn~~), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Vollmer Idaho

Filed Sept 13 1913 H. C. Parrish

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 16581
County of Lewis } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Not named (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Sept. 8, 1913 (DATE OF EVENT) in Vollmer Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Sept 22, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	not named	Daniel W. Geidl

Subscribed and sworn to before me this 1st day of March, 1943

C. P. Hinkle
Notary Public, residing at Lewiston Ida
My commission expires 2-10-1945
(SEAL)

Signed Mrs Edith Holm
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
1419 Idaho St Lewiston, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1943

C. P. Hinkle
Notary Public, residing at Lewiston Ida
My commission expires 2-10-1945
(SEAL)

Signed Anna G Klaus
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
703 - 6th Ave.
(STREET ADDRESS, CITY, STATE)
Lewiston Idaho

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 3 1943

MAY 1 0 1943

Amended 7-8-60

PLACE OF BIRTH

767-113031-294

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Registration District No. 50 File No. 16582

Hospital ..... Primary Registration District No. 2129 Registered No. 11

FULL NAME OF CHILD Orval Melven Lockridge

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Sept. 13, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Melvin R. Lockridge	FULL MAIDEN NAME: Mable Lillien Simms
RESIDENCE: Ilo, Ida.	RESIDENCE: Ilo, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Alberta, B.C.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. G. Burke

Physician (Physician or midwife)

Address Vollmer, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed SEP 1913 192 L. J. Perkins, by JMS Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Lewis } ss.

Certificate No. 26582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orval Melven (Name on Original Certificate) who born (Was Born or Died) on Sept. 13, 1913 (Date of Event)
in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Orval Melven	Orval Melven Lockridge

Subscribed and sworn to before me this 18th day of December, 1959

Notary Public, residing at Craigmont, Idaho
My commission expires October 17, 1960
(Seal)

Signed William R Lockridge
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Craigmont, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155 (L) CL 12-2-59. nm

United Benefit Life Insurance Policy, #C-?22029, April 7, 1939 gives full name as Orval Lockridge - father's name not given - viewed by V.S.

Statement from Craigmont Public Schools, Robert C. Strom - Clerk of Board of Trustees - states the according to the Craigmont High School Permanent Record Ledger this child's name is given as Orval M. Lockridge, father's name is given as Melven R. Lockridge - viewed by V.S.

Own Child's Birth Cert. on file, #50-00645 gives full name of father as Orval M. Lockridge - viewed by V.S.

313-123-025-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

[redacted] E OF IDAHO

Form V. S. No. 11-6[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Westlake

No. ____, ____ St.

Registration District No. 51 File No. 16583

Hospital ____ Primary Registration District No. 2129 Registered No. 12

FULL NAME OF CHILD Westley Everett Faelmon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				yes	9 23 1913

FATHER		MOTHER	
FULL NAME	Everett G. Faelmon	FULL MAIDEN NAME	Minnie D Davis
RESIDENCE	Westlake Idaho	RESIDENCE	Westlake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Shelbyville Ill	BIRTHPLACE	Walla Walla Wash
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1-15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Ilo Idaho

Given names added from a supplemental report

....., 19.....

Filed 9-26 1913 H. C. Parrish

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

R BINDING

IS A PERMANENT RECORD

Bureau of Vital Statistics

E OF IDAHO

Form V. S. No. 11-C—10m-6-43

MARGIN RESERV

WRITE PLAINLY. WITH UNFADING I

OF ATTE

Address

Filed

23-123-025-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No 50 File No. 16584

No. ....., ... St.

Hospital .....

Primary Registration District No. 2129 Registered No. 13

FULL NAME OF CHILD Frank Aloseus Staab

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept 23 1913

FATHER		MOTHER	
FULL NAME	Frank A Staab	FULL MAIDEN NAME	Anna Grosswiler
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Brooklyn N. Y.
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ida. Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept 26 1913 H. C. Parrish

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-9-7-11

STATE OF IDAHO

PLACE OF BIRTH

(Year)

693-212-019-249

PLACE OF BIRTH

IDAHO

Form V. S. No. 11-C—15m-6-20-11

County of Custer

City of Barton

Registration District No. [redacted] 16585

No. ____, ____ St.

Primary Registration District No. 2,87 Registered No. -7

Hospital ____

FULL NAME OF CHILD Alice Fern Fitzgerald

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	6 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. B. Fitzgerald	Vina Smith.
RESIDENCE	Barton, Idaho	Barton, Idaho
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	46	26
BIRTHPLACE	Illinois	Nevada
OCCUPATION	Rancher	Hswfe

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis P. Richards M.D.

(Physician or Midwife)

Address Maccay, Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 1st 1913 F. P. Richards

S-Y CO., 16670

Registrar

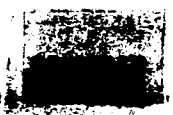
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 14 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] -15-12

[redacted] ATE OF IDAHO
[redacted] OF VITAL [redacted]

[redacted] IFICATE O[redacted]

County of [redacted]

City of Mackay, Registration District No. 1091 File No. 16586

No. ..... St.

Primary Registration District No. 2187 Registered No. 6

Hospital .....

FULL NAME OF CHILD Elmo Rae Fox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	May 17th 1913

FATHER		MOTHER	
FULL NAME	Alden S Fox	FULL MAIDEN NAME	Geary Ainsworth
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	AGE AT LAST BIRTHDAY (Years)	40
COLOR	white	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr [redacted]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 1 1913 F. P. Richards

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 16586
County of Blaine } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmo Rae Ivie (Name on Original Certificate) who was born (Was Born or Died) on May 17, 1913 (Date of Event)
in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elmo Rea	Elmo Rae Ivie

Subscribed and sworn to before me this 2nd day of May 1942

Joseph W. Fuld
Notary Public, residing at Hailey, Idaho
My commission expires Feb. 24, 1944
(Seal)

Signed Mary A. Ivie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May 1942

Joseph W. Fuld
Notary Public, residing at Hailey, Idaho
My commission expires Feb. 24, 1944
(Seal)

Signed Alsada Bell
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 4 1942

MAY 8 1942

753-201-019-169

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

STA[redacted]
BUREAU O[redacted]TISTICS
CERT[redacted]TH

Form V. S. No. 11-O—20m-8-15-12

Registration District No. 109 File No. 16567

Primary Registration District No. 2187 Registered No. 5

FULL NAME OF CHILD Metha Petersen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Oct 1 1913

FATHER		MOTHER	
FULL NAME	Samuel Petersen	FULL MAIDEN NAME	Carrie Jorgensen
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Merchant	OCCUPATION	H Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 1 1913 F. P. Richards

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

COLOR

33-115-049-344

PLACE OF BIRTH

AMENDED - OCTOBER 6, 1949

County of Custer

City of Mackay

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 109 File No. 16588

Primary Registration District No. 2187 Registered No. 4

FULL NAME OF CHILD Raymond Clausen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 15 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Niels Clausen	FULL MAIDEN NAME: Thora Ludvigsen
RESIDENCE: Mackay, Idaho	RESIDENCE: Mackay, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Merchant	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Dr. R. E. Mason

(Physician or midwife)

Address .....

Filed Oct. 1 1913 F. Richards Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Minnesota } ss.
County of Hennepin }

Certificate No. 16588

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Raymond Clowsen (Name on Original Certificate) who was born (Was Born or Died) on July 15, 1913 (Date of Event) in Mackay, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name of child	Clowsen	Clausen
Maiden name of mother	Luddjeen	Ludvigsen

Subscribed and sworn to before me this 3rd day of October, 19 49

Ruth Crandall

Notary Public, residing at Minneapolis

My commission expires.

(Seal) RUTH CRANDALL
Notary Public, Hennepin County, Minn.
My Commission Expires July 28, 1951.

Signed Niels Clausen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5148 Lyndale Avenue South
Minneapolis 19, Minnesota (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Minnesota } ss.
County of Hennepin }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of October, 19 49

Ruth Crandall

Notary Public, residing at Minneapolis

My commission expires 7-28-51

(Seal) RUTH CRANDALL
Notary Public, Hennepin County, Minn.
My Commission Expires July 28, 1951.

Signed (Signature of Any Credible Person)

2317 Newton Avenue South
Minneapolis, Minnesota (Street Address, City, State)

1 copy

OCT 6 1949

363-106-019-866

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 109

File No. 16589

No. ..... St.

Primary Registration District No. 2187

Registered No. 3

Hospital .....

FULL NAME OF CHILD Charles Raymond Toland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— and	1st	yes	Aug 2 1913

FATHER		MOTHER	
FULL NAME	Rollin S Toland	FULL MAIDEN NAME	Maud Howell
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ida
OCCUPATION	Sheepman	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

Physician (Physician or midwife)

Address Mackay Ida

Filed Oct 1 1913 F P Richards Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 8 1973

154-214-019-753

PLACE OF BIRTH

STATE OF I[redacted]

Form V. S. No. 11—10m-6-20-1[redacted]

Bureau of Vital [redacted]

CERTIFICATE [redacted]

County of Custer

City of Mackay

No. ....., ... St.

Hospital Res

Registration District No. 109

[redacted]

Primary Registration District No. 2187 Registered No. [redacted]

Othelia

FULL NAME OF CHILD Margret Anderson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F-		Yes	Sept (Month) 14" (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Anderson	FULL MAIDEN NAME	Fanney Getman
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Given name added from a supplemental report

....., 19....

Address Mackay Idaho

Filed Oct 1 1913 F. P. Richards

Registrar

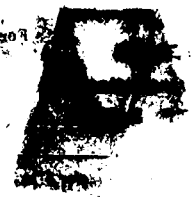
Registrar

S-Y CO., 16000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAY 1 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

745-21 7:09-349

PLACE OF BIRTH

County of Custer

City of Macklay

No. ____, ____ St.

Hospital Macklay

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. ____

Registration District No. 109

File No. 16591

Primary Registration District No. 2197

Registered No. 1

FULL NAME OF CHILD Lafayette Smither

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 17 1913

FATHER		MOTHER	
FULL NAME	E. E. Smither	FULL MAIDEN NAME	Mary Curtis
RESIDENCE	Chilly, Idaho	RESIDENCE	Chilly, Idaho
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards MD

(Physician or Midwife)

Address Macklay Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 1 1913 F. P. Richards

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IN

PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-218006-253

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE BUREAU OF CERTIFICATES

Registration District No. 116 File No. 16592

Primary Registration District No. 2195 Registered No. 9

FULL NAME OF CHILD Susan Anna

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Sept 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter William Bartel	FULL MAIDEN NAME	Sara Becker
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Minnesota
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 5:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortensen M.D.

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

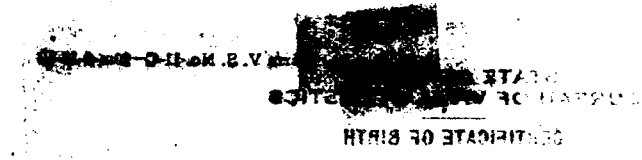
..... 19.....

Filed Sept 18 19 13 M. C. Mortensen

..... Registrar

..... Registrar

R-Y CO. 20174



JUN 14 1973

DECEASED

695-2181006-695

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-6-

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 16593

No. ..... St.

Primary Registration District No. 2195 Registered No. 8

Hospital .....

FULL NAME OF CHILD Christina Wiens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	No	Sept 18 1913

FATHER		MOTHER	
FULL NAME	Unable to	FULL MAIDEN NAME	Agnes Wiens
RESIDENCE		RESIDENCE	Aberdeen Ida
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	regarding obtaining	BIRTHPLACE	Russia
OCCUPATION	Father data	OCCUPATION	Servant

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortimer M D

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 18 19 13 M. C. Mortimer

..... Registrar

B-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

255.113.006-99.3

PLACE OF BIRTH

[redacted] ISTICS

Form V. S. No. 11-C—30m-2-15-12

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 16595

No. ..... St.

Primary Registration District No. 2195 Registered No. 6

Hospital .....

FULL NAME OF CHILD Rudolph Seefried

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	Yes	Sept 13 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME William Seefried	FULL MAIDEN NAME Mary Richter
RESIDENCE Aberdeen Idaho	RESIDENCE Aberdeen Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Russia	BIRTHPLACE Russia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept 13 1913 M. C. MacKinnon

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1967

Form V. S. No. 11-C—Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-113-006-469

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 16596

Primary Registration District No. 2195 Registered No. 5

FULL NAME OF CHILD Glen Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 13 1913

FATHER		MOTHER	
FULL NAME	Albert Johnson	FULL MAIDEN NAME	Lulu Morgan
RESIDENCE	Aberdeen Idaho	RESIDENCE	Aberdeen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housemaid

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mortensen M.D.
(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 18 19 13 M. Mortensen
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 1 8 1944

PLACE OF BIRTH

County of [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

521-114-006699

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 16597

No. ..... St.

Primary Registration District No. 2195 Registered No. 4

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Esau	FULL MAIDEN NAME	Mary Yrimbe
RESIDENCE	Aberdeen	RESIDENCE	Aberdeen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.40 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19 .....

Address American Falls

Filed ~~M.C.M.~~ Sept 15 1913 ~~R. F. Noth~~ M. C. McKinnon Registrar

S-Y CO. 20174 Registrar

Form V. S. No. 11-C—20m-5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 5/18/71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16600
Local Reg. No.
Reg. Dist. No. 86

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rose
b. (Middle): Virginia
c. (Last): Nelson

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) July (Day) 15, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Louis
b. (Middle):
c. (Last): Nelson

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Denmark

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Miller

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. M. Mitchell

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 1, 1913

22. REGISTRAR'S SIGNATURE: N. R. Humel

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES NO

Was a standard serological test for syphilis performed? YES NO

DECEASED 6-29-04 WA 04-20587

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness?

LACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with th
EGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ance to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

3-9-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 8 0 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 16600

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rose Virginia Nelson (Name on Original Certificate) who was born (Was Born or Died) on Aug 20, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	August 20, 1913	July 15, 1913
Father's birthplace	Denmark	Sweden
Mother's birthplace	Montana	Missouri

Subscribed and sworn to before me this 29th day of April, 1971

Notary Public, residing at Walla Walla, Wn.

My commission expires 3-10-73

(Seal)

Signed Dorothy W. Todd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1209 Kurd Ave.
(Street Address, City, State) Walla Walla, Washington 99362

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of April, 1971

Notary Public, residing at Yakima, Wash.

My commission expires 9-1-73

(Seal)

Signed Alice Nelson Bates
(Signature of Any Credible Person)

805 So. 3rd Ave. Yakima, Wash.
(Street Address, City, State)

FORM DH 60-155

Application for Beneficiary ⁂ Membership in the Independent Order of Foresters. gives name as Rose V. Oakley. Born July 15, 1913 in Idaho. Dated 6th July, 1960. Serial No. A 18942. Viewed by V. S.

Transcript

Yakima Senior High School, Yakima Washington gives name as Rose Virginia Nelson Born July 15, 1913 at Weiser, Idaho. Entered this school 9/15/30 from Wqshington Junior High. Graduated June 9, 1933. Viewed by V. S.

693-220-044-295

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. ~~[illegible]~~ 86 File No. 16601

No. ....., ... St.

Primary Registration District No. 2163 Registered No. 16

Hospital .....

FULL NAME OF CHILD Iola Lovina Fitzpatrick

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female	3rd.	yes	Sept 20 1913

FATHER		MOTHER	
FULL NAME	Elza Fitzpatrick	FULL MAIDEN NAME	Lovina Kretlow
RESIDENCE	Weiser R.F.D.	RESIDENCE	Weiser R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct 1st 1913 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated

[redacted]

713-201-044-12

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

[redacted] HO
[redacted] TATISTICS
[redacted] IRTH

County of Washington

City of Weiser

Registration District No. 86 File No. 16602

No. St.

Primary Registration District No. 1010 Registered No. 17 City.

Hospital

FULL NAME OF CHILD Winifred Galloway 9 30 a.m.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Sept 1. 1913

FATHER		MOTHER	
FULL NAME	Floroy Galloway	FULL MAIDEN NAME	Lulu Abbott.
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Sacramento Cal.
OCCUPATION	Hardware Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Sept. 3 19 13 W. A. Hamilton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0

962-202-044-962

[redacted]

[redacted]

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING ONLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

16603

Registration District No. 86 File No. .....

Primary Registration District No. 2163 Registered No. 15

FULL NAME OF CHILD Johanna Rose Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.M.				Yes.	Sept. 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John L. Roberts	Sattie C. Rose
RESIDENCE	Weiser, Ida	Weiser, Ida
COLOR	Wht.	Wht.
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser, Idaho.

Filed Sept 7 1913 W. R. Hamilton Registrar

YORK CO., PTRS. & BDRS. 17826

DEC 7 1948

165·110·044-658

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 16604

Primary Registration District No. 1010 Registered No. City 19

FULL NAME OF CHILD ~~Keneth~~ ~~[illegible]~~ Jones (Kenneth)

Sex of Child: Male	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	~~Kenneth~~ Bardell Jones	FULL MAIDEN NAME	Sophia Wehe
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	~~North~~ Manchester Indiana	BIRTHPLACE	Cincinnatti Ohio
OCCUPATION	Current mixer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 00 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 17th 1913 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

OLOR

251-217-044-239

Form V. S. No. 11-C—20m-2-

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 16605

Primary Registration District No. 2163 Registered No. A.T.D. 20

FULL NAME OF CHILD Hazel Winifred Beaulner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Sept 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Beaulner	FULL MAIDEN NAME	Tay Strobe
RESIDENCE	San Jose Cal	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	San Jose Cal.	BIRTHPLACE	Weiser, Idaho.
OCCUPATION	Salesman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 17 1913 W. R. Hamilton

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 2 1975

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

PLACE

141-219-044-000

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. R. F. D. No. 2 *St.*

Hospital

Registration District No. 86 **File No.** 16606

Primary Registration District No. 2163 **Registered No.** R. F. D. 21

FULL NAME OF CHILD Etta Wanneta Adams

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Sept. (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Adams	FULL MAIDEN NAME	Etta
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 17th 1913 W. R. Hamilton Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 12 1967

AUG 20 1975

766-121-044-995

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16607

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Registration District No. 816 File No. ____

Primary Registration District No. 2163 Registered No. 22

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Yes.	One	Yes.	Sept. 21, 1913

FATHER		MOTHER	
FULL NAME	Mark Goodwin	FULL MAIDEN NAME	Anna Kiebe
RESIDENCE	Weiser, Ida.	RESIDENCE	Weiser, Ida.
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Ug.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

____, 19____

Filed Sept 22 1913 Dr. R. Hamilton

Registrar

Registrar

BYNS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C--10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

766-221-044-995

PLACE OF BIRTH

Form V. S. No. 1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No _____, _____ St.

Hospital _____

Registration District No. 86 File No. 16608

Primary Registration District No. 2163 Registered No. 22

FULL NAME OF CHILD Emma Jane Goodwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. M.	Yes	Two	Yes	Sept. 21, 1913

	FATHER	MOTHER
FULL NAME	Mark Goodwin	FULL MAIDEN NAME Emma Kiebe
RESIDENCE	Weiser, Ida.	RESIDENCE Weiser, Ida
COLOR	Wht.	COLOR Wht.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Maine	BIRTHPLACE Va.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed Sept 22 1913 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 19 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Union

Certificate No. 16608

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Goodwin (Female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on September 21, 1913 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Emma Jane Goodwin

Subscribed and sworn to before me this 12th day of
Feb., 1973

Notary Public, residing at La Grande, Ore.
My commission expires
(Seal)

Signed Charles E. Goodwin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD 3, Box 3312 - La Grande, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 2/8/73 lcc pd.

Certificate of Marriage from Washington gives name of the groom as Milton L. Myers and the bride's name as Emma J. Goodwin. Dated Oct. 1, 1935. Viewed by VS

FEB 22 1973

Family record gives child's name as Emma Jane Goodwin (twin) born Sept. 21, 1913 Father's name listed as Mark Wm. Goodwin and mother's name as Anna Riebe Goowin Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for [illegible] and the number of each, in order of birth stated.

[illegible] BIRTH

City of Weiser

Registration District No. 86

File No. 16609

No. ..... St.

Primary Registration District No. 2163

Registered No. RF 24

Hospital

FULL NAME OF CHILD [illegible] Watkins

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Watkins	FULL MAIDEN NAME	Lutie May Howard
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	2 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Millbank, S Dakota
OCCUPATION	Farm Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James Alpring

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed Oct 17th 1913

M. R. Hamilton

Registrar

Registrar

S-Y CO. 20174

[illegible]

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child) SEP 25 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Washington (b) City Weiser
(c) Street Address or R.F.D. No. 1
(d) Name of Hospital or Maternity Home: Born in Home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth
(a) State Idaho (b) County Washington
(c) City Weiser, Idaho
(d) Street Address or R.F.D. No. 1
(e) How long has **MOTHER** lived in Idaho? [redacted] yrs
(f) Mother's mailing address R.F.D. 1

3. RESIDENCE of FATHER (city, state) Weiser, Ida

4. FULL NAME OF CHILD Albert Howard Watkins
5. Date of Birth (Month, day year) Sept 20 19
6. Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Walter Watkins
11. Color or Race White
12. Age at time of THIS birth 21 yrs.
13. Birthplace [redacted] (City or town) [redacted] (State or foreign country) ARKANSAS
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Lutie Maye Howard
17. Color or Race White
18. Age at time of THIS birth 22 yrs
19. Birthplace Milbank (City or town) S. Dakota (State or foreign country)
20. Exact Occupation House Wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 2 (c) Born alive and now dead 0 (d) Stillborn 0
24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the dat (born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who i
related to the child as ..... (Mother, etc.)
SEP 25 1941

26. (a) ..... (Date received) (b) ..... (Registrar's signature)
27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN** signature ..... M.D (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Washington }

AFFIDAVIT To be completed when the attendant at birth i NOT LIVING or CANNOT BE LOCATED

I, Lutie Maye Watkins, being first duly sworn, say that I am Mother (Related to (or) acquainted with)
(Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificat
appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the fact contained therein are true to the best of my knowledge. I further state that D. A. Young, who attende (Name of attendant at birth)
said birth is now deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

Mrs. Lutie M. Watkins Signatu
Weiser Idaho P. O. Addre

Subscribed and sworn to before me on this 22 day of September, 19 41
(SEAL) Ray Wilson Notary Public residing at .....
Recorder.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

395-B-41044-866

[illegible] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Court & E. 11th St.

Registration District No. 86

File No. 16610

Primary Registration District No. 1010

Registered No. 25

Hospital

FULL NAME OF CHILD Robert Elden Lindsey

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
male	1 (To be answered only in event of plural births)	yes	Sept 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Archie E. Lindsey	FULL MAIDEN NAME	Pearl Howard
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ill.
OCCUPATION	RR Section man	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 1st 1913 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

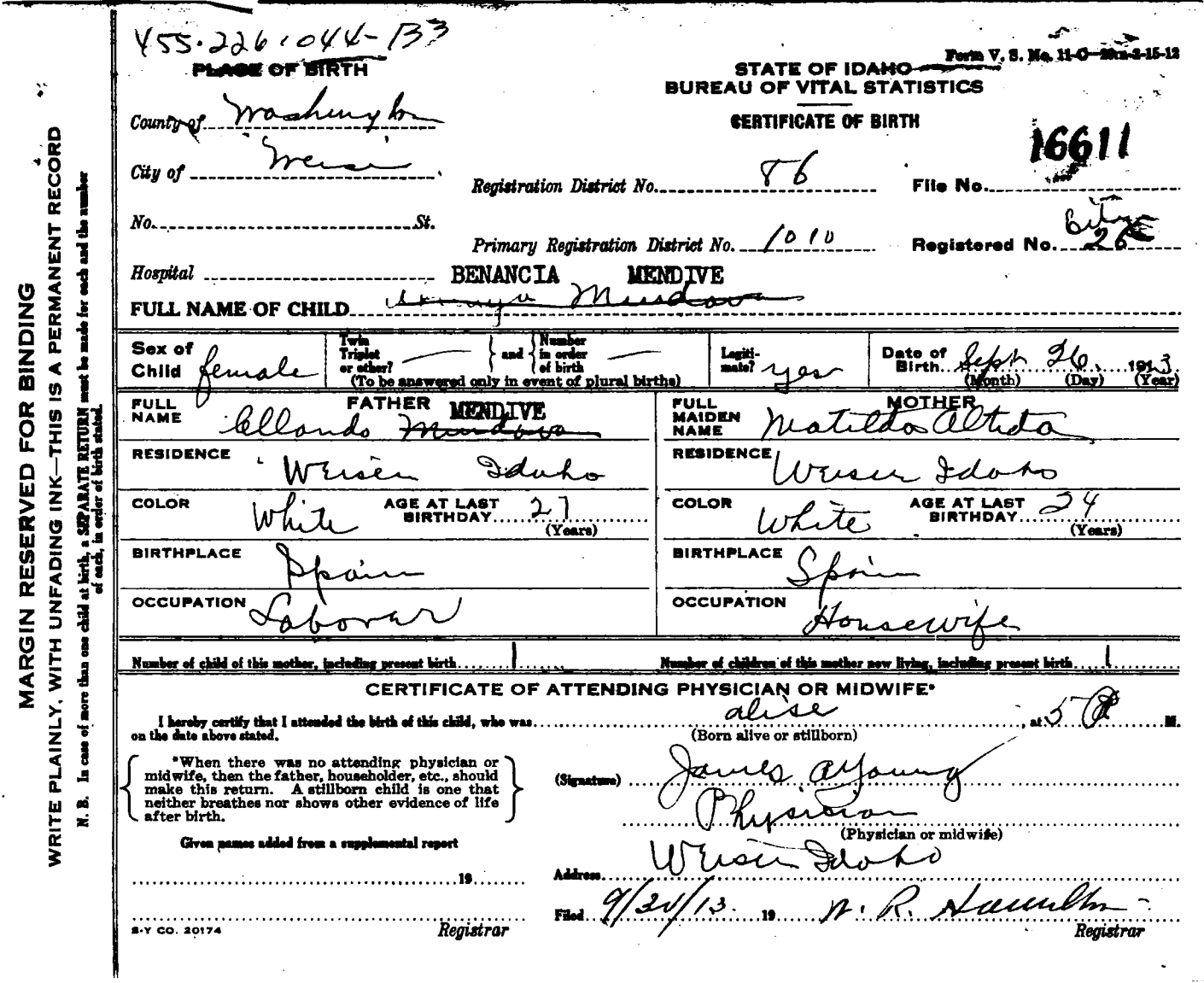
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1964

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 5 1942



455-226-044-B3

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16611

County of Washington

City of Weiser

No. ..... St.

Registration District No. 86 File No. .....

Primary Registration District No. 1010 Registered No. Citizen 26

Hospital .....

FULL NAME OF CHILD BENANCIA MENDIVE ~~Mendova~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Sept 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ellando ~~Mendova~~ MENDIVE	FULL MAIDEN NAME	Matilda Altida
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alise (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed 9/20/13 19 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Malheur } ss.

Certificate No. 16614

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alfrinya Mendova (Name on Original Certificate) who was born (Was Born or Died) on Sept. 26, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Afrinya Mendova	Benancia Mendive
Surname	Mendova	Mendive

Subscribed and sworn to before me this 18th
day of July, 1942

Percy Evans

Notary Public, residing at Vale, Oregon
My commission expires Jan. 2, 1945
(Seal)

Signed Matilde Mendive
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vale, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th
day of July, 1942

Percy Evans

Notary Public, residing at Vale, Oregon
My commission expires Jan. 2, 1945
(Seal)

Signed Marie Cenega
(Signature of Any Credible Person Other Than Previous Year)

Vale, Oregon
(Street Address, City, State)

JUL 22 1942

JUL 23 1942

813.125 044-369

Form V. S. No. 11-C—20m-2-15-12

PLACE OF [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 86

File No. 16612

Primary Registration District No. 1010

Registered No. 69

FULL NAME OF CHILD Walein Estes Hallstrom

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Hallstrom	FULL MAIDEN NAME	Abbie Lorton
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Shellcity Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed Oct. 17th 1913 W. R. Hamilton

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

AUG 8 1941

Certificate No. 16612
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)

for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)

in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Hallstrom	Valeria Estes Hallstrom

Subscribed and sworn to before me this 2nd day of August, 19 41

G Gardner

Notary Public, residing at Boise

My commission expires 12-9-41

[SEAL]

Signed Ablie L. Hallstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

.....
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of .....

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

.....
Notary Public, residing at .....

My commission expires .....

[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant)

.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

AUG 13

433-129-044-789

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. 56 File No. [illegible]13

Primary Registration District No. 2162 Registered No. 28

FULL NAME OF CHILD Phillip Lonie McClava

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray E. McClava	FULL MAIDEN NAME	Bluebell Phillips
RESIDENCE	Brownlee Ida	RESIDENCE	Brownlee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Farmer & Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct. 17th 1913 W. R. Hamilton Registrar

R-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 - 1953

464-130-044-652

1006

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. 255 E. Galloway St.

Hospital

Form V. S. No. 21-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 16614

Primary Registration District No. 10 C V. Registered No. 25

FULL NAME OF CHILD Earl Clifton Modrall

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	4	Yes	9 30 1913

FATHER	MOTHER
FULL NAME: James W. Modrall	FULL MAIDEN NAME: Mary Gertrude West
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Laborer	OCCUPATION: House-wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser, Idaho.

Filed 9/30/ 1913 M. R. Hamilton

Registrar

.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

09-231

STATE O[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Hope, Registration District No. 8 File No. 16615

No. ....., ... St. Primary Registration District No. 2035 Registered No. 411

Hospital .....

FULL NAME OF CHILD Catherine Elizebeth Biglow.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One	9	Yes	8 / 9 / 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John William Biglow.	FULL MAIDEN NAME	Mina Viola Starks.
RESIDENCE	Hope, Idaho.	RESIDENCE	Hope, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Galand, Mich.
OCCUPATION	Fireman	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 Ch. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Harris

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Hope, Idaho.

Filed Sept 20 1913 M McKinnon Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

dup of 1913-D71-108

Amended 10/31/72

713-D1-7009-634

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16616
Local Reg. No.
Reg. Dist. No. 8

1. PLACE OF BIRTH
a. COUNTY: Bonner
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Dama
b. (Middle): Elizabeth
c. (Last): Patterson

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept. 17, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Wm.
b. (Middle):
c. (Last): Patterson

8. AGE (At time of this birth): 39 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Ohio
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Cora
b. (Middle):
c. (Last): Oldt

13. AGE (At time of this birth): 34 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Penn.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKennon
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Sandpoint, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 6, 1913
22. REGISTRAR'S SIGNATURE: M. McKinnon
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White TIME: 11:15 PM
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. Certificate No. 16616

County of Grant } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Dona Paterson (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1913 (Date of Event)

in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Dona Paterson	Dama Elizabeth Patterson
Father's name	wm. Paterson	Wm. Patterson

Subscribed and sworn to before me this 26th day of September, 1972.

Thida Gordon

Notary Public, residing at Coulee City, Wa.

My commission expires April 12, 1976

(Seal)

Signed Cora E. Patterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Grant }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 1972

[signature]

Notary Public, residing at NOTARY PUBLIC for the State of Washington

My commission expires Residing at Coulee City, Washington

(Seal) My Commission Expires Oct. 26, 1972

Signed Thida Gordon

(Signature of Any Credible Person)

Coulee City, Wash.

(Street Address, City, State)

FORM DH 60-155 CL 9/18/72 lbc pd. rec. #1291

Certificte from Washington, Town of Coulee City states that Dama E. Neill was elected Treasurer of above mentioned town. Dated Nov. 17, 1967. Viewed VS

NOV 1 1972

Diploma from Sandpoint, High School gi es name as Dama Elizabeth Patterson. Dated May 27, 1932. Viewed by V. S.

Memorial to William A. Patterson. Born March 2, 1874 and Died Oct. 19, 1967. Services held at Valley Viewe Memorial Park, Coulee City, Wash. Viewed by VS

Census record dated Nov. 25, 1943 gives name as William A. Patterson. Ex from the Census taken June 1, 1880.in Warren Twonship. Viewed by V. S.

419-117-009-419

[redacted] IDAHO

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Registration District No. 8 File No. 16617

No. St.

Primary Registration District No. 2533 Registered No. 413

Hospital

FULL NAME OF CHILD Lawrence Edward Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 17 1913

FATHER		MOTHER	
FULL NAME	Edward A Martin	FULL MAIDEN NAME	Lavina Morgan
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn.		
OCCUPATION	Abstractor		
		COLOR	White
		AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Mich.
		OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

.....19.....

Registrar

Filed Oct 6 1913 M. McKinnon

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

666-223-009-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 16618

No. ..... St.

Primary Registration District No. 2033 Registered No. 414

Hospital .....

FULL NAME OF CHILD ~~XXXXXXXXXX~~ VIVIAN ~~XXXXXXX~~ MERLE Woodard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin T. Woodard	FULL MAIDEN NAME	Della Barnes
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White AGE AT LAST BIRTHDAY 30 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Sandpoint

Filed Sept 30 1913 M McKinnon

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Nez Perce }

JUN 7 1941

Certificate No. 16618
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Winnie Pearl Woodard (Name on original certificate) who was born (Was born or died) on September 23, 1913 (Date of event)
in Sandpoint, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by actual knowledge (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "~~Birth date~~", "~~cause of death~~", etc.	FROM (As on original)	TO (The correct facts)
Name	Winnie Pearl	Vivian Merle

Birth certificate should be corrected to show that name is
Vivian Merle Woodard

Subscribed and sworn to before me this 6
day of May, 1941

Notary Public, residing at Lewiston, Idaho

My commission expires 1-12-42
[SEAL]

Signed Vivian Pearl Woodard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) (father)

143 [illegible] Lewiston
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonner }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of June, 1941

Robt. E. McFarland

Notary Public, residing at Sandpoint, Idaho

My commission expires Mar. 3rd. 1944
[SEAL]

Signed Homer E. Woodard
(Signature of any credible person other than the previous affiant)
(Brother)

712 N. Boyer Ave
(Street Address, City, State) Sandpoint Idaho

Received for filing on by
(Registrar's signature)

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of [redacted] Registration District No. 90 File No. 16619

No. [redacted] St. Primary Registration District No. 7168 Registered No.

Hospital

FULL NAME OF CHILD David Wallace DeBastie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John N. DeBastie	Dollie Rowland
RESIDENCE	Gilbert Ida	Gilbert Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	42
BIRTHPLACE	Utah	Calif
OCCUPATION	Minister	Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 Y M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. DeBastie Fairly Physician

(Physician or midwife)

Address Oakley, Ida

Filed Sept 4 19 13 J. M. Jones Registrar

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 2/21/62 rmr

[redacted]

MAY 21 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-1-18

16620

City of Orofino

Registration District No. 90

File No.

No. St.

Primary Registration District No. 2168

Registered No.

Hospital

FULL NAME OF CHILD Idesta Nina Nygard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Sept 14 1913

FATHER		MOTHER	
FULL NAME	Tom Nygard	FULL MAIDEN NAME	Lottie Zalenkin
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faiste

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Ida

19

Filed Sept 14 1913 J. M. Faiste

Registrar

Registrar

S-Y CO. 24655

JUN 19 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90

Primary Registration District No. 2168

File No. 16621

Registered No. 62

FULL NAME OF CHILD ✓ Carl Herman Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Herman Smith	FULL MAIDEN NAME	Clara Atterneder
RESIDENCE	Orofino	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Orofino Ida

_____ 19__

Filed Sept 16 1913

J. M. Fairly

Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

8-256

V. S. No. 11-C—25m-1-1-13

STATE OF IDA
BUREAU OF VITAL S

CERTIFICATE OF BIRTH

County of Shoshone

City of Orofino

No. _____ St.

Hospital _____

Registration District No. 90 File No. 16622

Primary Registration District No. 9168 Registered No. 63

FULL NAME OF CHILD Dale Milton Warman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 17, 1913

	FATHER	MOTHER
FULL NAME	Alfred Warman	Gladys Snodgrass
RESIDENCE	Orofino, Ida	Orofino, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Ida	Minn.
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Fairley
Physician
(Physician or midwife)

Address Orofino, Ida

Filed Apl 18 1913 J. M. Fairley Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 18 1941

DEC 23 1941

JUN 3 1975

United States Department of Commerce Bureau of Census

(Be sure the information is as of date of birth of THIS child)

DEC 10 1941

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16622
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH
(a) County Nez Perce (b) City Orofino
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home .....days. IN **THIS** county years month days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Orofino
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 3 yrs.
(f) Mother's mailing address Orofino

3. RESIDENCE of FATHER (city, state) Orofino

4. FULL NAME OF CHILD Dale Wilson Wurman

5. Date of Birth (Month, day year) Sept 17 1913

6. Sex male **7.** Twin or Triplet If so—born 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Alfred Henry Wurman
11. Color or Race white **12.** Age at time of THIS birth 24 yrs.
13. Birthplace Princeton (City or town) Idaho (State or foreign country)
14. Exact Occupation Banker
15. Industry or Business Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Lilly Gladys Wurman
17. Color or Race white **18.** Age at time of THIS birth 18 yrs.
19. Birthplace Lesueur (City or town) Minnesota (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1 (c) Born alive and now dead 0 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 3:45 P. M. on the date and at the place stated above, and that personal particulars were furnished by L. Gladys Wurman (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) DEC (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN** signature M.D. (D.O., Midwife, etc.)
and address Date

State of Texas } ss.
County of El Paso }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED

I, L. Gladys Wurman, being first duly sworn, say that I am Relative (Related to (or) acquainted with) Dale Wilson Wurman (Name of person on certificate above) as mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws, and that the facts contained therein are true to the best of my knowledge. I further state that Dr James Sadler (Name of attendant at birth) who attended said birth Deceased (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

* L. Gladys Wurman Signature

Rout 2 Box 399 El Paso Texas P. O. Address

Subscribed and sworn to before me on this 13th day of December 1941

(SEAL) JACK W. CLARK, Notary Public in and for EL PASO COUNTY, Texas, My Commission Expires

Jack W. Clark Notary Public residing at El Paso Texas

for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, ~~1911 Session~~ Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

659-22[illegible]

Form V. S. No. 11-C—25m-1-1-13

PLACE [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cl[illegible]

City of Orofino

Registration District No. 90

File No. 16623

No. ..... St.

Primary Registration District No. 2168

Registered No. 64

Hospital .....

FULL NAME OF CHILD Dorothea Bell Ferree

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Sept 21st 1913

FATHER		MOTHER	
FULL NAME	Edgar J. Ferree	FULL MAIDEN NAME	Katherine Bell
RESIDENCE	Fraser, Ida	RESIDENCE	Fraser, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Mich
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino, Ida

Filed Sept 20 1913

J. McFairly
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Clearwater } ss.

Certificate No. 16623

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for not named (Name on Original Certificate) who born (Was Born or Died) on Sept. 21, 1913 (Date of Event) in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Dorothea Bell Ferree
Date	Sept. 19th	Sept. 21, 1913
Mother's name	Katherine Bell	Kathryn S. Bell

Subscribed and sworn to before me this 24th day of October 1942

Notary Public, residing at Orofino, Idaho

My commission expires May 10, 1942
(Seal)

Signed Ethel G. Moores
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Orofino Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Clearwater } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of Oct, 1942

Notary Public, residing at Orofino

My commission expires May 10, 1943
(Seal)

Signed Viola A. Malloy
(Signature of Any Credible Person Other Than Previous Year)

Orofino, Idaho
(Street Address, City, State)

OCT 30 1942

298-125-08-389

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of Gilbert

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16624

Registration District No. 90 File No. _____

Primary Registration District No. 2168 Registered No. 215

FULL NAME OF CHILD Clarence Helm Bryant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elsberry Bryant	FULL MAIDEN NAME	Lettie Tyra
RESIDENCE	Gilbert, Ida	RESIDENCE	Gilbert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 p. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Fairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed Sept 30 1913 J. W. Fairly
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

If a mother of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

495-221-022-532

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

Registration District No. 100 File No. 16626

No. ..... St.

Primary Registration District No. 2178 Registered No. 83

Hospital .....

FULL NAME OF CHILD Rachel Minson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	9 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arthur Minson	FULL MAIDEN NAME	Rachel Eckersall
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ut
OCCUPATION	Shoe Clerk	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eckersall

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-21 1913 G. G. Eckersall
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

JUN 2 7 1974

AUG 2 3 1974

MAY 2 0 1976

Amended 9-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16627
Local Reg. No. 84
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rexburg

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Dora b. (Middle): Laurence c. (Last): Jeppesen

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 9 - 21 - 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Laurence b. (Middle): c. (Last): Jeppesen

8. AGE (At time of this birth): 22 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Dora b. (Middle): Aline c. (Last): Likes

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. G. Espe, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 9-21-1913

22. REGISTRAR'S SIGNATURE: G. G. Espe

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 2 1966
Bureau of Vital Statistics

State of Idaho } ss.
County of Madison }

Certificate No. 16627

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jepson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed Jepson	Dora Laurence Jeppesen
Full Name of Father	Lawrence Jepson	Laurence Jeppesen
Full Maiden Name of Mother	Mable Likes	XDora Aline Likes

Subscribed and sworn to before me this 28th day of July, 19 66

Henry Dietrich

Notary Public, residing at Rexburg, Idaho

My commission expires 4-16-68

(Seal)

Signed Laurence Jeppesen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

58 East1st. No. St.
Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 19 66.

Henry Dietrich

Notary Public, residing at Rexburg, Idaho.

My commission expires 4-16-68

(Seal)

Signed Dora Aline Jeppesen
(Signature of Any Credible Person)

58 East First No. St., Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 7-27-66. one copy pd. rec. #16689.

Application to the Beneficial Life Insurance Co., dated Sept. 29, 1937 at Rexburg, Idaho gives full name of insured as Dora Laurence Jeppesen, born Sept. 21, 1913 at Rexburg, Idaho - viewed by V.S.

Certificate of Ordination to the Holy Priesthood as a Deacon, L.D.S. Church, Feb. 5, 1928 gives full name as Dora Laurence Jeppesen,- viewed by V.S.

L.D.S. Church Cert. of Record of Membership, baptized Aug. 5, 1916 gives full name as Dora Aline Likes Jeppesen (Jeppesen is married name), born May 17, 1894 at Salt Lake City, Utah to Dora Ellis Likes and Agnes Orr Cunningham - viewed by V.S.

Marriage License and Certificate, State of Idaho, married July 1, 1911 gives full name of groom as Laurence Jeppesen and full name of bride as Dora Aline Likes - viewed by V.S.

866-206-

PLACE OF BIR[illegible] STATE [illegible]

[illegible] BUREAU OF V[illegible]

County of Frem[illegible] CERTIFICA[illegible]

City of Independence Registration District No. 108 File No. 16628

No. ..... St. Primary Registration District No. 2178 Registered No. 89

Hospital .....

FULL NAME OF CHILD Stella Malinda Hoffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 6 1913

FATHER		MOTHER	
FULL NAME	Chris H. L. Hoffmann	FULL MAIDEN NAME	Anna Olney
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ia. Ter.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

(Signature) G. G. Espe M.D.

(Physician or midwife)

Address .....

Filed 10-6 1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1962

DEC 17

RECEIVED
17 1951
DIVISION OF VITAL

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (At time of this birth)
(a) County Fremont (b) City Independence
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City Independence
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Stella Malinda Hoffman

5. Date of Birth of Child (Month, day, year) October 6, 1913

6 Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd 3

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Christian H. Hoffman

11. Color or Race White

12. Age at time of THIS birth 34 yrs.

13. Birthplace Copenhagen (City or town) Denmark (State or foreign country)

14. Exact Occupation Labor

15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Laura Melinda Alvery

17. Color or Race White

Age at time of THIS birth 25 yrs.

19. Birthplace Garfield (City or town), Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time ~~of birth~~ and including this child 3 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name) who is related as (Mother, etc.)

25. Attendant's OWN signature M.D. Midwife Address Date

State of Idaho
County of Canyon } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the Father ~~(Mother, etc.)~~ of the person whose name appears in Item 4, above, that I am now 72 years of age, that I have known this person for 38 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Christian H Hoffman Signature
Nampa Idaho 707 P. O. Address

Subscribed and sworn to before me this 10th day of December 1951

(SEAL) H E Bradley, Notary Public, residing at Nampa

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by ~~the local registrar~~ for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

364-106-022-469

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STAT[illegible]

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 16629

Primary Registration District No. 2128 Registered No. 88

FULL NAME OF CHILD RAYMOND LEONARD COMSTOCK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	~~Artemas~~ I Comstock	FULL MAIDEN NAME	Clista Morris
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ida
OCCUPATION	Book-keeper	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Esp

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-6 1913 G. G. Esp

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA } ss.
County of SAN DIEGO }

Certificate No. 16629

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 6th. 1913 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Raymond Leonard Comstock
father's name	Arthur Comstock	Artemas Comstock

Subscribed and sworn to before me this 28TH day of MARCH, 19 42

Notary Public, residing at SAN DIEGO, CALIF.

My commission expires Sept. 25 - 1945 (SEAL)

Signed Artemas J Comstock Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

3156 3rd Ave.
San Diego, California
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st. day of April, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires June 16, 1942. (SEAL)

Signed Ross J Comstock
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

64 North 2nd, East Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 14 1972

MAY 14 1942

MAY 10 1972

669 [illegible] 022 689

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 16630

Primary Registration District No. ..... Registered No. 87

FULL NAME OF CHILD MIGNON WOIDEMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Woideman	FULL MAIDEN NAME	Delpha Whitney
RESIDENCE	Rexburg	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ida
OCCUPATION	Dry goods store manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-6 1913 G. G. Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 15 1945

AFFIDAVIT

STATE OF IDAHO,)
(SS
County of Madison.)

W. Lloyd Adams being first duly sworn says that he is a resident of Rexburg, Madison County, State of Idaho; that he is a citizen of the United States, and over the age of twenty-one years; that he has resided at Rexburg, Madison County, Idaho, for the past thirty years.

That on the 6th day of October, 1913, he was living at Rexburg, Idaho; and that on said date Christian Woideman, sometimes known as Carl Woideman, and sometimes known as Chris Woideman, and his wife Delpha Woideman were living at Rexburg, Idaho; that this affiant was a neighbor to the said Christian Woideman and Delpha Woideman and was intimately acquainted with them; that the said Delpha Woideman's maiden name was Delpha Whitney; that on the 6th day of October, 1913, a girl child was born to the said Christian Woideman and Delpha Woideman, whom they later named Mignon; that they named said girl child while they were living at Rexburg, Idaho, and this affiant alleges that "Mignon Woideman" is the full name of said "Unnamed" Woideman.

W Lloyd Adams

Subscribed and sworn to before me this 19th day of August, 1942.

Mary Smith
Notary Public, residing at
Rexburg, Idaho.

My Commission Expires June 16, 1943.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Rexburg — Registration District No. 100 — File No. 16631

No. ..... St. — Primary Registration District No. 2178 — Registered No. 86

Hospital .....

FULL NAME OF CHILD Orian Lovell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	A	yes	Sept 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Ricks Jun	FULL MAIDEN NAME	Alice Cheene
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Utah
OCCUPATION	Reabestate Agent	OCCUPATION	house keeper

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Rexburg Sept 27th M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalena Walz

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg

Filed ..... 19.....

..... Registrar — ..... Registrar

S-Y CO. 20174

OCT 8 1958

NOV 1 8 1992

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

[redacted]

[redacted]ibbard

Registration District No. 100 File No. 16632

[redacted] St.

Primary Registration District No. 2178 Registered No. 85

Hospital

FULL NAME OF CHILD Elizabeth Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orson Ricks	FULL MAIDEN NAME	Margaret Archibald
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	AGE AT LAST BIRTHDAY 41 (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalena Walz

(Physician or midwife)

Given names added from a supplemental report

19

Address Rexburg Idaho

Filed Oct 19

Registrar Registrar

S-Y CO. 20174

Form V. S. No. 11-C—10m-8-44

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

842-218-[redacted]514

PLACE OF B[redacted]

STATE O[redacted]
BUREAU OF VITA[redacted]

V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF [redacted]

County of Coo[redacted]

City of Elba

No. _____ St.

Hospital _____

Registration District No. _____ File No. 16633

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Mildred Hubbard

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Sept 18 (Month) (Day) 3

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred C Hubbard	FULL MAIDEN NAME	Julia Anna Eames
RESIDENCE	Elba Ida	RESIDENCE	Elba Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malta Ida

Filed Oct 19 13 C. I. Sater

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF D

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 30 1971 Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 16633

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hubbard (Name on Original Certificate) who was born (Was Born or Died) on Sept. 18, 1913 (Date of Event)
in Elba, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Personal Knowledge prepared on ..... (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Hubbard	Mildred Hubbard

Subscribed and sworn to before me this 29 day of June, 19 71

[illegible]
Notary Public, residing at Elba
My commission expires 8-7-72
(Seal)

Signed Joelen E. Hubbard Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of June, 1971

[illegible]
Notary Public, residing at Burley
My commission expires 8-7-72
(Seal)

Signed [illegible] (Doctor)
(Signature of Any Credible Person)

Burley, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/28/71 nm Rush

NOV 14 1973

Certificate of Group Annuity Coverage, ÆTNA Life Insurance Co., gives name as Mildred H. Hillebrant. Birthdate Sept. 18, 1913. from City of Pocatello, Idaho. Viewed by V. S.

JUN 30 1971

Family Group Sheet for Alfred Gordon Hubbard and Julia Ann Eames gives child's name as Mildred Julia Hubbard. Born Sept. 18, 1913 at Elba, Idaho. prepared in 1964 Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley Ida

Registration District No. 117 File No. 16634

No. St.

Primary Registration District No. 2196 Registered No. 32

Hospital Residence

FULL NAME OF CHILD Edna Bernice Dalton

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3 (To be answered only in event of plural births)	Yes	Sept 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Dalton	FULL MAIDEN NAME	Anna Willard
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Willard Utah	BIRTHPLACE	Carthridge Mo
OCCUPATION	Farmer	OCCUPATION	Teacher

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Munter

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Burley Ida

Registrar

Filed Oct 10 1913 J C Patterson Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 7 1941

219-125-016 397

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [redacted]

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 16635

Primary Registration District No. 2196 Registered No. 22

FULL NAME OF CHILD Thad Barkdull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Sept. 25th 1913

FATHER		MOTHER	
FULL NAME	L. A. Barkdull	FULL MAIDEN NAME	Donna Tuffits
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Salesman	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept. 26th 1913 Dr. J. C. Patterson

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

466-230-016-35 Jc. 1 #27949

PLACE OF BIRTH

Form V. S. No. 1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cussia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 16636

Primary Registration District No. 2196 Registered No. 23

FULL NAME OF CHILD ~~[illegible]~~ Elinore M. ~~[illegible]~~ Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Sept. 30 (Month) 30th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm. J. ~~[illegible]~~ Moore	FULL MAIDEN NAME	Lottie Legue
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed 9-30-13 19.....

Dr. J. C. Patterson
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 12 1944

465-172-016-163

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 16637

Primary Registration District No. 2196 Registered No. 15

FULL NAME OF CHILD Mercura

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Sept. 12th 1913

FATHER		MOTHER	
FULL NAME	Heber Mercura	FULL MAIDEN NAME	Louise Godley
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Sept. 13th 1913

Dr. J. C. Patterson
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-210 : 016-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 [redacted]

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 16638

Primary Registration District No. 2196 Registered No. 17

FULL NAME OF CHILD LaVaun Banner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Sept. 10th 1913

FATHER

FULL NAME Samuel Banner

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE England

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Harriet Rudd

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept. 11 1913 Dr. J. C. Patterson

..... Registrar

S-Y CO. 20174

Registrar

STATE OF IDAH[redacted]
BUREAU OF VITAL STA[redacted]

CERTIFICATE OF BIR[redacted]

PLACE OF BIRTH

County of.....

City of .....

N

ENT RECORD

d the number

egistration District No..... File No.....

ary Registration District No..... Registered No.....

mber der th plural births)	Legiti-mate?	Date of Birth.....191.... (Month) (Day) (Year)

FULL MAIDEN NAME — MOTHER

RESIDENCE

COLOR — AGE AT LAST BIRTHDAY..... (Years)

BIRTHPLACE

CCUPATION

of children of this mother now living, including present birth.....

SICIAN OR MIDWIFE*

....., at.....M.
live or stillborn)

.....

.....
(Physician or midwife)

.....

.....
Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 16638

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for birth Certificate LaVaun Banner (Name on Original Certificate) who born (Was Born or Died) on Sept. 10 - 1913 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on about 3 weeks after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	LaVaun Banner

Subscribed and sworn to before me this 24
day of January, 1944

Mack W. Campbell
Notary Public, residing at Burley Idaho
My commission expires May 25, 1945
(Seal)

Signed Samuel P. Banner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1 1944

215-218-016-719

PLACE OF BIRTH

Form V. S. No. 21-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16639

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. .....

Primary Registration District No. 2196 Registered No. 20

FULL NAME OF CHILD Melba Pauline Savage

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept. 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. M. Savage	FULL MAIDEN NAME	Maggie Garvin
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	N. M.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley, Ida.

Filed 9-18-13 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Nov. 1940-Sch. 2-16-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

394-21-1016-154

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 16640

Primary Registration District No. 2196 Registered No. 19

FULL NAME OF CHILD Vera D. Truelsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	Sept. 14th 1913

FATHER

FULL NAME H. J. Truelsen

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Freda Anderson

RESIDENCE Burley, Ida.

COLOR white AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Sweden

OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed Sept-14 19 13 Dr. J. C. Patterson

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 1 2 1942

PLACE OF BIRTH

(County of)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

314-130-016255

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 117 File No. 16641

Primary Registration District No. 2196 Registered No. 21

FULL NAME OF CHILD ~~Charles~~ Lambert, Jack Iven

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	July 30, 1913

FATHER		MOTHER	
FULL NAME	Ishmael H. Lambert	FULL MAIDEN NAME	Lillian Bennett
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oklahoma	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D. Frenstad

Physician (Physician or Midwife)

Address Burley Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 9-24-13 19..... Mr. J. C. Patterson
Registrar

S-Y CO., 16670

2/18/41 L. P.

412-101-016-452

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 117 File No. 16642

Primary Registration District No. 2196 Registered No. 24

Hospital .....

FULL NAME OF CHILD None yet Arlie Gaylord Masters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 / 1913

FATHER	MOTHER
FULL NAME John A Masters	FULL MAIDEN NAME Audrey E. Despain
RESIDENCE Burley Idaho	RESIDENCE Burley Idaho
COLOR W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE England	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife & Merchant

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

(Signature) R. T. Story M.D.

(Physician or midwife)

Address Albion Idaho.

Filed 9-25-13 By Wm. J. C. Patterson Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

K ..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4/18/41 Z.J.

249-208-016-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 16643

Primary Registration District No. 2196 Registered No. 25

FULL NAME OF CHILD none yet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	9 - 8 - 1913

FATHER		MOTHER	
FULL NAME	Wm S Burns	FULL MAIDEN NAME	Jessie E Cochran
RESIDENCE	Haglar Canyon	RESIDENCE	Haglar Canyon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Washington	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Story M.D.

(Physician or midwife)

Address Burley Idaho

Filed 9-25-13 19 Dr. J. C. Patterson Registrar

Given names added from a supplemental report

..... 19 .....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

619-218-016-391

PLACE OF BIRTH

[redacted] Cassia

[redacted] Burley.

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m.-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 117. File No. 16644

Primary Registration District No. 2196. Registered No. 26

FULL NAME OF CHILD Mary alice Waite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	yes	Aug 8 1913

FATHER		MOTHER	
FULL NAME	John Edward Waite	FULL MAIDEN NAME	Mary Ann Tracy
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Jewell Co Kansas	BIRTHPLACE	Galesburg Ill
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Munter

Physician (Physician or midwife)

Address Burley Idy

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 1913

..... Registrar

S-Y CO. 20174

..... Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[cord]

MARGIN RESERVED FOR BINDING

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

County of

459-121-010-859

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16645

County of Cassia

City of Burley Ida

Registration District No. 117 File No. 27

No. St.

Primary Registration District No. 2196 Registered No. 27

Hospital Residence

FULL NAME OF CHILD John Meiser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	Yes	Aug 21 1913

FATHER		MOTHER	
FULL NAME	Francis Herman Meiser	FULL MAIDEN NAME	Catherine Heinzen
RESIDENCE	Burley Ida	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Germany
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Given names added from a supplemental report

Address Burley

19

Filed Oct. 10 1913 Dr. J. C. Patterson Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-3-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

593-27-016459

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16646

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 28

Primary Registration District No. 2196 Registered No. 24

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		8	Yes	Aug 27 1933

FATHER		MOTHER	
FULL NAME	Harry Nichols	FULL MAIDEN NAME	Orrell Myrle Nichols
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	West Jordan Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Miller

Physician

(Physician or midwife)

Address Burley

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 1933 Dr. J. C. Patterson

Registrar

S-Y CO. 20174

Registrar

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

967-217-06-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117

File No. 16647

Primary Registration District No. 2196

Registered No. 29

FULL NAME OF CHILD Alma Doris Rogers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			5	Yes	Sept 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theaman L. Rogers	FULL MAIDEN NAME	Amelia Mortensen
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	St Luke City Utah	BIRTHPLACE	Huntsville Utah
OCCUPATION		OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born - alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mueller

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed Oct. 10 1913 Dr. J. C. Patterson Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

659418 016-553

PLACE OF BIRTH

County of Cassia

City of Burley Ida

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 16648

Primary Registration District No. 2196 Registered No. 30

FULL NAME OF CHILD Wilmer Melvin Ferris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sept 18 1913

FATHER

FULL NAME Wilmer Eldridge Ferris

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Huntsville Utah

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Tula Nelson

RESIDENCE Burley Ida

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ogden Utah

OCCUPATION Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse Minter

Physician

(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 10, 1913 Dr. J. C. Patterson

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

[redacted] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16649

County of Cassia

City of Burley

Registration District No. 117 File No.

No. St.

Primary Registration District No. 2196 Registered No. 31

Hospital Residence

FULL NAME OF CHILD Virginia Elizabeth Dickson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	5	Yes	Sept 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A Dickson	FULL MAIDEN NAME	Ellen Hancock
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Dubuque Iowa	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Burley Ida

Filed Oct. 10 1913 Dr J. C. Patterson Registrar

Registrar

8-Y CO. 20174

MAR 1 8 1974

853-114-2

PLACE OF BI[redacted] OF IDAHO
[redacted]ITAL STATISTICS
[redacted]TE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

16650

County of Cas[redacted]

City of Fruitland

Registration District No. 5-1 File No. 1

No. ____ St.

Primary Registration District No. 2130 Registered No. 5

Hospital ____

FULL NAME OF CHILD CARL LEE HECKES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sept 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Heckes	Dorthea Anderson
RESIDENCE	Fruitland	Fruitland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	39
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Heckes

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct. 17 1913 Crispin Wright

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 16650
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Carl Lee Heckes (Name on original certificate) who was born (Was born or died) on September 14, 1913 (Date of event)
in Fruitland, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Heckes	Carl Lee Heckes

Subscribed and sworn to before me this 16th
day of December, 1941
Helen F. Krumm
Notary Public, residing at Payette, Idaho
My commission expires Sept. 10, 1945
[SEAL]

Signed Dorthea Heckes Tice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

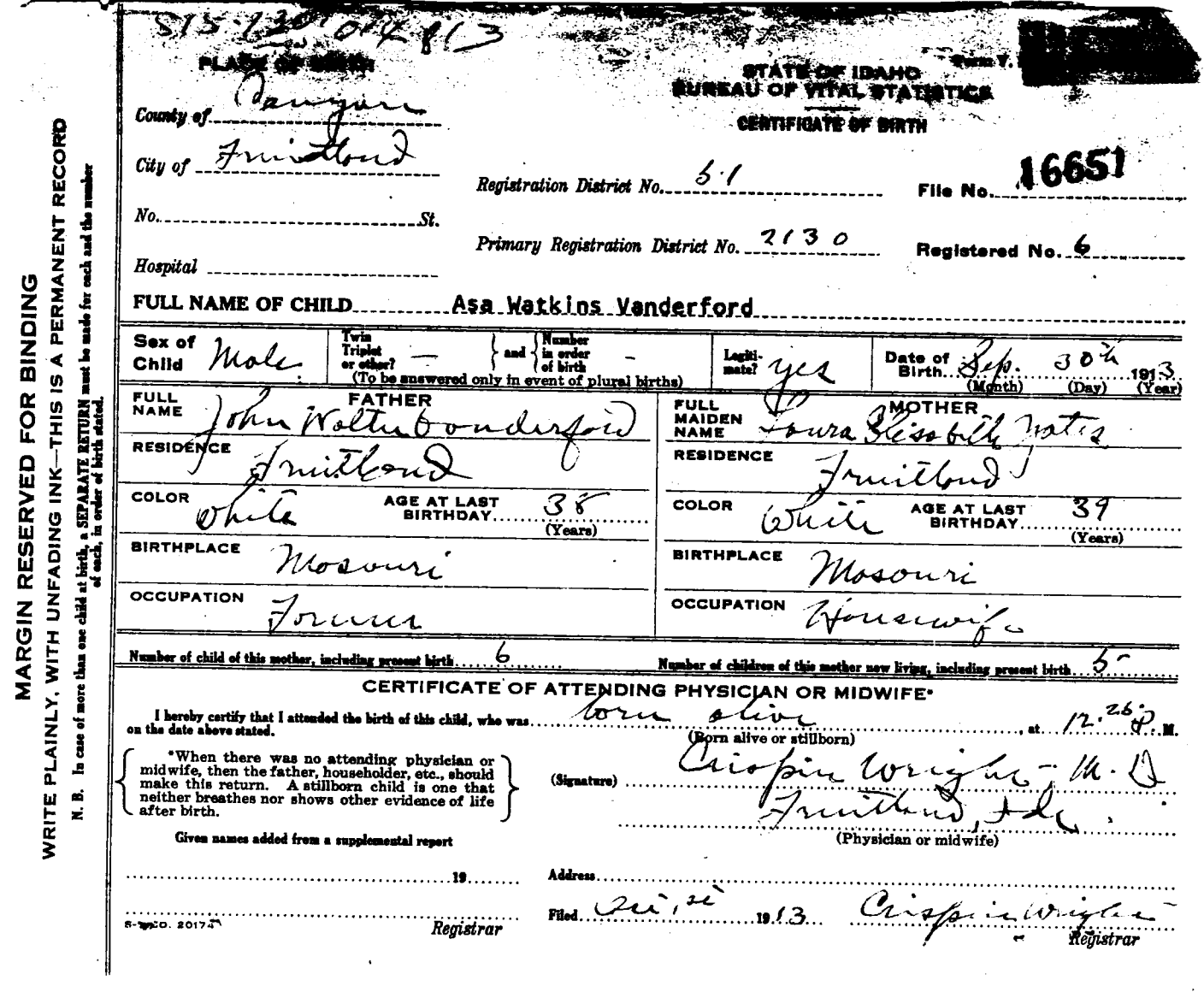
[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 19 41
Helen F. Krumm
Notary Public, residing at Payette, Idaho
My commission expires Sept. 10, 1945
[SEAL]

Signed W B Strawn
(Signature of any credible person other than the previous affiant.)
Payette Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

515 130 014 813

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form Y. [redacted]

Registration District No. 51 File No. 16651

Primary Registration District No. 2130 Registered No. 6

FULL NAME OF CHILD Asa Watkins Vanderford

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sep. (Month) 30th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Walter Vanderford	FULL MAIDEN NAME	Laura Elisabeth Yates
RESIDENCE	Fruitland	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mosouri	BIRTHPLACE	Mosouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.26 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright M. D.

Fruitland, Ida.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed Oct 1st 1913 Crispin Wright

Registrar

S-[illegible]O. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

3 22 74

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 22 11 17 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16651

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Vanderford (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1913 (Date of Event) in Fruitland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Asa Watkins Vanderford

Subscribed and sworn to before me this 22 day of March, 1974

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Mrs. Abby J. Vanderford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2709 Hayden Way
(Street Address, City, State)
Boise, Ida.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

MAR 2 2 1974

Notification of Birth Dept. of Commerce of own child Marilyn Joan Vanderford born November 18, 1943 at Ontario, Oregon State File # 471 gives fathers name as Asa Watkins Vanderford.
Viewed by VS

Marriage License County of Payette, State of IdahoNo. 2889 Asa Watkins Vanderford and Abby Josie Carnes married Oct. 15, 1938 , Payette, Idaho.
Viewed by VS

764-101-0

PLACE OF B[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonn[redacted]

City of Ucon

Registration District No. 73

File No. 16652

No. ..... St.

Primary Registration District No. 2150

Registered No. 223

Hospital .....

FULL NAME OF CHILD Merlin Floyd Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sep 1 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Josiah Godfrey	FULL MAIDEN NAME	Gunda Buletta Petersen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white — AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white — AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 7:45 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Idaho

Filed Sept 10 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

169-112-010-251

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 16653

No. ....., ... St.

Primary Registration District No. 2150 Registered No. 224

Hospital .....

FULL NAME OF CHILD ~~Wesley~~ Fredrick Paul Jorgensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 12, 1913

FATHER		MOTHER	
FULL NAME	N. C. Jorgensen	FULL MAIDEN NAME	Francis ~~Robert~~ Svaden
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD
(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Idaho Falls, Ida.

Filed Sept 10 1913 [signature]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11-10-41

DECEASED

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 321628
Local Reg. No.
Reg. Dist. No.

RECEIVED OCT 16 1941

1. **PLACE OF BIRTH**
(a) County BONNEVILLE (b) City IDAHO FALLS
(c) Street Address or R.F.D. No. RT. 3
(d) Name of Hospital or Maternity Home: RT. HOME
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ..... days. IN **THIS** county ..... years ..... month ..... days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State IDAHO (b) County BONNEVILLE
(c) City IDAHO FALLS
(d) Street Address or R.F.D. No. RT # 3
(e) How long has **MOTHER** lived in Idaho? 4 yrs.
(f) Mother's mailing address IDAHO FALLS

3. **RESIDENCE of FATHER** (city, state) IDA FALLS IDA

4. **FULL NAME OF CHILD** FREDRICK PAUL JORGENSON

5. Date of Birth (Month, day, year) SEPT. 12 - 1913

6. Sex MALE

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** NIELS C. JORGENSON

11. Color or Race W

12. Age at time of THIS birth 31 yrs.

13. Birthplace DENMARK (City or town) (State or foreign country)

14. Exact Occupation LABORER

15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** FRANCES O. SVERDIN

17. Color or Race W

18. Age at time of THIS birth 24 yrs.

19. Birthplace Salt Lake City, Utah (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2 (c) Born alive and now dead (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) OCT 16 1941 (Date received) (b) Maud Keefer (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

State of Idaho
County of Ada } ss.

I Frances O. Jorgenson, being first duly sworn, say that I am related (Related to (or) acquainted with) Frederick Paul Jorgenson (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Miller (Name of attendant at birth), who attended said birth cannot be located (Is now deceased (or) cannot be located) and that this birth **has not been previously recorded.**

X Frances O Jorgenson Signature

Nampa, Idaho-Rt 5 13 ave. No. P. O. Address

Subscribed and sworn to before me on this 16 day of Oct., 19 41

(SEAL) L. L. Gill Notary Public, residing at Boise, Idaho

OCT 16 1941

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

253-126-010-195

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Poplar

No. ..... St.

Hospital

Registration District No. 13

Primary Registration District No. 250

File No. 16654

Registered No. 926

FULL NAME OF CHILD Wayne Stephen Beck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	and	—	Yes	July 26 1933

FATHER		MOTHER	
FULL NAME	Cloud Beck	FULL MAIDEN NAME	Mayme Arnold
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Palmer

(Physician or midwife)

Address Rigby, Ida.

Filed Sept 20 1933 [illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev. 5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AGE AT BIRTH

895-208-010-319

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 73 File No. 16665

Primary Registration District No. 2152 Registered No. 226

FULL NAME OF CHILD Ida Agnes Himrich

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Sept. 8, 1913

FATHER		MOTHER	
FULL NAME	George Himrich	FULL MAIDEN NAME	Elsie Torneten
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O Miller MD
(Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls, Idaho

....., 19.....

Registrar

Filed Sept 15 1913 [signature] Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

MAIDEN NAME

COLOR

AGE AT LAST BIRTHDAY

625-115-010-294

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 73 File No. 16056

Primary Registration District No. 210-0 Registered No. 227

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male,	____	____	Yes.	Sep. 15, 1913

FATHER	MOTHER
FULL NAME: John Obery,	FULL MAIDEN NAME: Elizabeth Bruce,
RESIDENCE: Idaho Falls, Idaho.	RESIDENCE: Idaho Falls, Ida.
COLOR: Wht. AGE AT LAST BIRTHDAY: 44. (Years)	COLOR: Wht. AGE AT LAST BIRTHDAY: 41. (Years)
BIRTHPLACE: England.	BIRTHPLACE: Utah.
OCCUPATION: Locomotive engineer.	OCCUPATION: Wife.

Number of child of this mother, including present birth: Ten.

Number of children, of this mother, now living, including present birth: 10.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, Sept. 15, 1913, (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. M. Bridges M.D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 17 19 13

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFA[illegible]—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at [illegible] RETURN must be made for each and the number of [illegible] birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

857-105-010-693

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls R.F.D.

Registration District No. 73

File No. 16657

No. ....., ... St.

Primary Registration District No. 2150

Registered No. 228

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be [illegible] only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	7 5 1913

FATHER		MOTHER	
FULL NAME	Frank Helm	FULL MAIDEN NAME	Mary Wilson
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Union Fort Utah	BIRTHPLACE	Heber city Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Smalone (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Tucker

(Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address Fernsville Ida

Filed Sept 20 1913 [illegible]

Registrar

Registrar

S-Y CO., 16669

...ING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FULL NAME OF CHILD

Child

384-121-010-512

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16658

County of Bonneville

City of Idaho Falls

No. ....., ... St.

Hospital .....

Registration District No. 73

File No. .....

Primary Registration District No. 2110

Registered No. 229

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male.	——		——	Yes.	Sep. 21, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Lyman,	FULL MAIDEN NAME	Mary Eastman,
RESIDENCE	Idaho Falls, Idaho.	RESIDENCE	Idaho Falls, Idaho.
COLOR	Wht.	COLOR	Wht.
AGE AT LAST BIRTHDAY	26, (Years)	AGE AT LAST BIRTHDAY	24, (Years)
BIRTHPLACE	Virginia.	BIRTHPLACE	Virginia.
OCCUPATION	Electrician.	OCCUPATION	Wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, Sep. 21, 1913, at 4.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. M. Bridges. M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Idaho Falls, Idaho.

Filed Sept 25 1913 [signature]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

962-222-010-695

PLACE OF BIRTH

Form V. S. No. [illegible]-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16659

16659

County of Bonneville

City of Idaho Falls,

No. I St.

Hospital —

Registration District No. 73 File No.

Primary Registration District No. 2150 Registered No. 230

FULL NAME OF CHILD Evah Robson

Sex of Child Girl Female	Twin Triplet or other? Single and Number in order of birth One (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Aubrey Robson	FULL MAIDEN NAME	Evah Pearl Field
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29 yrs	AGE AT LAST BIRTHDAY (Years)	18 yrs
BIRTHPLACE	Plain City Utah	BIRTHPLACE	Grant, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

Address Idaho Falls, Idaho

19

Filed Sept 29 1913 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. E. No. 11-C—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

394205-010-132

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-15-12

CERTIFICATE OF BIRTH

16660

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 231

FULL NAME OF CHILD Emma Lucile Thurman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	9 5 1913

FATHER		MOTHER	
FULL NAME	Henry Lee Thurman	FULL MAIDEN NAME	Mary Ella Atkinson
RESIDENCE	12th St	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pike Co Mo.	BIRTHPLACE	Pike Co Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Anna Finlay

Midwife

(Physician or midwife)

Address 265 6th St

Filed Sept 29 1913 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 3/5/41 ~~XX~~ rmf

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-227-010-891

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

Registration District No. 73

File No. 15661

No. ..... St.

Primary Registration District No. 2150

Registered No. 232

Hospital .....

FULL NAME OF CHILD Geneva Lucile Bidwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Sept. 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert Bidwell	FULL MAIDEN NAME	Geneva Deseret Hiatt
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby, Ida.

Filed Sept 29 1913 [signature] Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL [illegible]

PLACE OF BIRTH

ORIG

619-283-01[redacted]

PLACE OF BIRTH [redacted]

V. S. No. 11-C—20m-2-15-12

County of Bonne[redacted]

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 73

File No. 16662

No. ..... St.

Primary Registration District No. 2100

Registered No. 233

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Sept. (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wilber Hareham	FULL MAIDEN NAME	Ada Madson
RESIDENCE	Id. Falls Ida	RESIDENCE	Id. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 2 1913 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

766-102-010-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 16663

No. ..... St.

Primary Registration District No. 2140 Registered No. 234

Hospital .....

FULL NAME OF CHILD Harry De Forrest Powell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Guy Charles Powell	FULL MAIDEN NAME	Elma Margaret Mills
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Fonda, Ia	BIRTHPLACE	Schaller, Ia.
OCCUPATION	Auto repair shop	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed Oct 2 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

ORO

212-225-010-412

PLACE OF BIRTH

County of Bonneville

City of Elva

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16664

Registration District No. 7 3 File No. .....

Primary Registration District No. 2110 Registered No. 23 V —

FULL NAME OF CHILD Mary Kobayakawa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Kahachi Kobayakawa	Yoko Masuda
RESIDENCE	Elva Ida.	Elva Ida.
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	43	19
BIRTHPLACE	Japan	Japan
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John C. Keller M.D.
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 4 1913 [signature] Registrar

S-Y CO. 24688

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

689-102-010-619

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 73 File No. 16665

Primary Registration District No. 2150 Registered No. 236

FULL NAME OF CHILD JOSEPH ELWIN WHITE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 2 1913

FATHER	MOTHER
FULL NAME Joseph Nephi White	FULL MAIDEN NAME Aurelia Wardell
RESIDENCE Coltman	RESIDENCE Coltman
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Salt Lake City, Utah	BIRTHPLACE North Adgen, Utah.
OCCUPATION farmer	OCCUPATION house wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] at 5:30 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby R.D. 1 Idaho.

Filed Oct 7 1913 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 17-C-Adm-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 1 1974

649-125-010-813

PLACE OF BIRTH

County of Bonneville

City of Poplar, Idaho

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Regist[redacted] No. 73 File No. 16666

Prim[redacted] District No. 2110 Registered No. 237

FULL NAME OF CHILD Green Paul Furr Jr.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Sept. 25 1913

FATHER		MOTHER	
FULL NAME	Green Paul Furr	FULL MAIDEN NAME	Mary Catharine Hathcock
RESIDENCE	Poplar, Idaho	RESIDENCE	Poplar, Idaho
COLOR	Dark Complexion	COLOR	light Complexion
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Bloomington, Stanly Co. N.C. U.S.A.	BIRTHPLACE	Big Lick, Stanly County, N.C. U.S.A.
OCCUPATION	Farmer & Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Wheeler

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Poplar Idaho

Filed Oct 1 1913 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

286-129-010-215

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 73 File No. 16667

No. ..... St.

Primary Registration District No. 2150 Registered No. 238

Hospital .....

FULL NAME OF CHILD Milo Franklin Shopeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 29, 1913

FATHER		MOTHER	
FULL NAME	A. L. Shopeley	FULL MAIDEN NAME	Villa Sanders
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Wyoming
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Mellor MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida

Filed Oct 4 1913 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. A

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL
MAIDEN
NAME

DUP OF 1913 -344342

563-229-010-296

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 16668

No. ..... St.

Primary Registration District No. 2140 Registered No. 239

Hospital .....

FULL NAME OF CHILD Juliett Lott

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept. 29, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Israel L. Lott	FULL MAIDEN NAME	Emma Brown
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD
(Physician or midwife)

Given names added from a supplemental report.

Address Idaho Falls, Ida

..... 19....

Filed Oct 8 1913 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1949

571-221-010-685

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V [illegible]

County of Bonneville

City of Shelton

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** 16669

Primary Registration District No. 2110 **Registered No.** 240

FULL NAME OF CHILD Effie Ila Egan

Sex of Child: Female	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth: Sept (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Howard Egan.	FULL MAIDEN NAME	Ethel Wheeler.
RESIDENCE	Shelton	RESIDENCE	Shelton
COLOR	White AGE AT LAST BIRTHDAY 22 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that never breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida.

Filed Oct 11 1913 [illegible]

Registrar

Registrar

Y CO. 20175

PERMANENT RECORD

[illegible] must be made for each and the number of each, in order of birth [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City _____

Name _____

Place _____

FULL

Sex

Child

FULL

NAME

RESIDENCE

RESIDEN

COLOR

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

BIRTH

OCCUPATION

Number of

I hereby

on the date

*Wh

Date

3-25-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Jefferson } ss.

Certificate No. 16669

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Egan (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1913 (Date of Event)
in Bonneville County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 9th 195 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Effie Ila Egan

Subscribed and sworn to before me this 10th day of April, 1972

Notary Public, residing at Rigby Idaho
My commission expires 11-19-75
(Seal)

Signed Mother Ethel W. Egan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1972

Notary Public, residing at Rigby Idaho
My commission expires Dec. 26th 1975
(Seal)

Signed (Father) Howard E Egan
(Signature of Any Credible Person)

Rigby Idaho #2
(Street Address, City, State)

FORM DH 60-155 C.C. (E)

Certificate of Blessing from LDS Church gives name as Effie Ila Egan daughter of Howard Egan and Ethel W. Wheeler. Born Sept. 21, 1913 at Shelton, Idaho. Was Blessed Nov. 9. 1913. Viewed by V. S.

MAY 3 1972

Certificate of Baptism and Confirmation dated Nov. 7, 1921 gives name as Effie Ila Egan daughter of Howard Erastus Egan and Ethel W. Wheeler. Born Sept. 21, 1913. Was Baptized Oct. 16, 1921 and Confmd. Nov. 6, 1921. Viewed by V. S.

764-130:010-281

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 1667

Primary Registration District No. 2143 Registered No. 241

FULL NAME OF CHILD George Verne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Sept 30 1913

FATHER		MOTHER	
FULL NAME	James C Godfrey	FULL MAIDEN NAME	Dayde Shaw
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] (Born alive [illegible]) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician~~ midwife)

Address Bonneville Co City Ucon Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 11 19 13 C E [illegible] Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-203-010-249

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

name added 2/28/83

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Fremont~~ Bonneville

City of Rigby. RFD II

No. ..... St.

Hospital .....

Registration District No. ~~98~~ 73

Primary Registration District No. ~~[illegible]~~ 6 2150

File No. 16671

Registered No. ~~67~~ 242

FULL NAME OF CHILD Lutie Carlyle

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes	Oct 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Carlyle	FULL MAIDEN NAME	Maggie Smith
RESIDENCE	Rigby 2	RESIDENCE	Rigby 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Rigby, Idaho

Filed Oct 11 1913 [illegible]

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 1 1974

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

FEB 29 1 43 PM

Certificate No. 16671
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Carlyle (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 3, 1913 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Lutie Carlyle

Subscribed and sworn to before me this 28 day of February, 1963.

Notary Public, Teresa K. Clegg

Residing at Rigby Idaho

My commission expires April 3, 1965

(Seal)

x Lutie Smith
Signature of Applicant

x 650 E Main Dillon Mont.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Voter's registration record from Dillon, Montana gives name as Lutie Smith - born Oct. 3, 1913 in Riby, Idaho. dated Sept. 15, 1960. viewed by VS.

FEB 22

High school Diploma from Rigby,High school gives name as Lutie Carlyle dated May 22, 1930 viewed by V. S.

133-2[illegible]

PLAC[illegible]

Form V. S. No. 11-C—10m-8-7-11

[illegible]ATE OF IDAHO

[illegible]u of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Gilmore

No. ....., ... St.

Hospital .....

Registration District No. 42 File No. 16672

Primary Registration District No. 2153 Registered No. 10

FULL NAME OF CHILD Virginia Wilhelmina Allhands.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Sept. 4, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ira Bernard Allhands	FULL MAIDEN NAME	Winifred Helen Young
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Watseka, Illinois	BIRTHPLACE	Chariton, Iowa
OCCUPATION	Bank Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank O. Paull MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Gilmore, Idaho

Filed 9-11 1913 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 9 1953

855-129-030-851

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Gilmore

No ....., ... St.

Hospital .....

Registration District No 42 File No. 16673

Primary Registration District No. 2153 Registered No. 11.

FULL NAME OF CHILD Arthur August Henderson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Sept (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Anton F. Henderson	FULL MAIDEN NAME	Agnes Headla
RESIDENCE	Gilmore	RESIDENCE	Gilmore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Watsure, Norway
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11⁰⁰ A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank O. Paull MD.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Gilmore, Idaho

Filed 10/10/ 1913 Helen L. Smith Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RD

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11 — 10m-5-41

Amended 2-14-64

(Be sure the information is complete and accurate)

State File No. 16674
Local Reg. No. 12
Reg. Dist. No. 42

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gilmore
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Maude
b. (Middle): Jewel
c. (Last): Fisher

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 3, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Hyrum
b. (Middle): James
c. (Last): Fisher

8. COLOR OR RACE: White

9. AGE (At time of this birth): 34 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Menan, Idaho

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Artemissia
b. (Middle):
c. (Last): Clark

13. COLOR OR RACE: White

14. AGE (At time of this birth): 31 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Menan, Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Frank O. Paull, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gilmore, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10/10/1913

20. REGISTRAR'S SIGNATURE: Helen L. Smith

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth or the correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 16674

Date Filed

RECEIVED FEB 13 1964 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Fisher (Name on Original Certificate) who born (Was Born or Died) on Oct. 3, 1913 (Date of Event)
in Gilmore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Maude Jewel Fisher
Full Maiden Name of Mother	Artemisa Clark	Artemissia Clark

Subscribed and sworn to before me this 10 day of February, 19 64

Notary Public, residing at St. Anthony, Idaho
My commission expires elective
(Seal)

Signed older sister of Maude Jewel Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 19 64

Notary Public, residing at St. Anthony
My commission expires elective
(Seal)

Signed Bess C. Jenkins
(Signature of Any Credible Person)

St. Anthony, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 8-11-59. nm

Own Child's Birth Cert. on file: (Idaho Birth) #396154 gives full maiden name of mother as Maude Jewel Fisher - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, July 2, 1922 gives full name of child as Maud Jewel Fisher, daughter of Hyrum J. Fisher and Artemissia Clark, born Oct. 3, 1913 at Gilmore, Idaho - viewed by V.S.

Not. Photo Copy of L.D.S. Church Record of Membership, blessed-Feb. 4, 1917, baptized-July 1, 1922, confirmed-July 2, 1922; gives full name as Maude Jewel Fisher (Rottweiler is married name), born Oct. 3, 1913 at Gilmore, Idaho-Lemhi Co., to Hyrum James Fisher and Artemissia Clark - viewed by V.S.

662-131-030-913

PLACE OF BIRTH

Form V. S. No. 11-C-25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Lemhi

City of Baker 2 mile north

Registration District No. 41

File No. 16675

No. ..... St.

Primary Registration District No. 2116

Registered No. 9

Hospital .....

FULL NAME OF CHILD Joseph Henry Foster

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 31st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Foster	FULL MAIDEN NAME	Mary Rathbun
RESIDENCE	2 miles north Baker	RESIDENCE	2 miles north Baker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Wright - M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed 9-23 1913

Helen L Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 22 1951

CERTIFICATE OF BIRTH

PLACE OF BIRTH

242-107030-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Ada

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 1676

Primary Registration District No. 2116 Registered No. 14

FULL NAME OF CHILD Robt Orlo Simpson Bush

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Oct 7th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Homer Ellis Bush	FULL MAIDEN NAME	Sada Knapp
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ohio
OCCUPATION	Methodist Preacher	OCCUPATION	H. wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a.m. on the date above stated.
(Born alive or stillborn)

(Signature) F. S. Wright M.D.

(Physician or midwife)

Address Salmon Ida

Filed 10-10-1913 Helen L. Smith
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

5-Y CO. 24655

FEB 9 1961

5/15/41 L. B.

219-106-030-614

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Tendoy

No. ..... St.

Hospital .....

Registration District No. 42 File No. 16677

Primary Registration District No. 2116 Registered No. 13

FULL NAME OF CHILD Carroll Edgar Barnett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel E Barnett	FULL MAIDEN NAME	Mable Ann Wade
RESIDENCE	Tendoy Idaho	RESIDENCE	Tendoy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1-30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon Ida

Filed 10-10 1913 [illegible] L Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 16 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU

City of Egin

No. ..... St.

Primary ... No. 77

Hospital

File No. 16678

Registered No.

FULL NAME OF CHILD Ed ... EDWIN MILES TOUT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of ...)	Legitimate?	Date of Birth
M		yes.	9 (Month) 21st (Day) 1913 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Edwin Tout		Julia Weaver
RESIDENCE	Egin	RESIDENCE	Egin Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.05 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malotte M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Ida

Filed Oct 11 1913 ... Registrar

R-Y CO. 20174

OCT 15 1959

OCT 6 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

SEP 21 1942 (Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16[illegible]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Fremont (b) City St. Anthony
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 58 yrs.

3. RESIDENCE OF FATHER (city, state) St. Anthony Idaho

4. FULL NAME OF CHILD Edwin Miles Tout

5. Date of Birth of Child (Month, day, year) 9/21/13

6. Sex Male **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnancy 9 **9.** Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Edwin Tout
11. Color or Race White **12.** Age at time of THIS birth 36 yrs.
13. Birthplace Ogden (City or town) Utah (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Julia A. Weaver
17. Color or Race White **18.** Age at time of THIS birth 29 yrs.
19. Birthplace Montpelier (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum Nothing

23. Number of children of this mother: (a) At time of birth and including this child 7 (b) Born alive and now living 10

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) ____ (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. Midwife Address ____ OCT 30 1975 Date

State of Idaho
County of Fremont } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 58 years of age, that I have known this person for 29 years, and that Dr Mallotte (First name) (Last name), who attended this birth Cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Julia A Tout Signature

St. Anthony, Idaho P. O. Address

Subscribed and sworn to before me this 18th day of September, 19 42

(SEAL) [illegible] Clerk of the District Court residing at St. Anthony, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 21 1942 by ____ Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

141-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S.-40, 11-G-[illegible]-12

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 16679

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital ..... Kenneth Thomas

FULL NAME OF CHILD Fannie Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	9 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	M H Adams	FULL MAIDEN NAME	Nellie Jee
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Ohio
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R R Malotte M.D.

St Anthony Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 10 1913

W B West

Registrar

Registrar

MARGIN RESERVED FOR BINDING

[illegible] PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

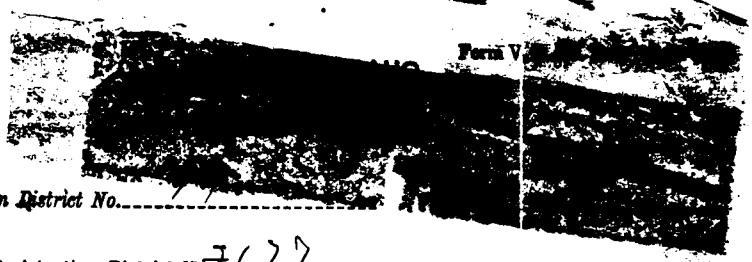
STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

JUN 13 1949

SEP 28 1966

SEP 4 1975



MARGIN RESERVED FOR BINDING

WRITE IN FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

519-227.022-418

PLACE OF BIRTH

Form V [redacted]

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Audrey May Harlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Phinnie Harlow	FULL MAIDEN NAME	Leta Mahana
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W Blivest MD, St Anthony Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

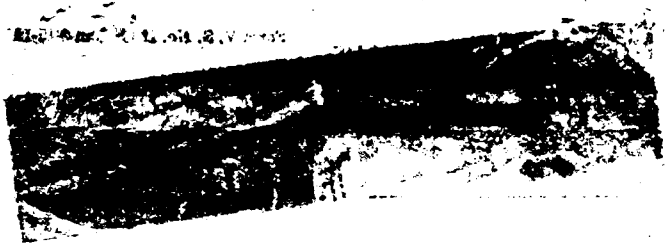
Address .....

Filed Oct 8 1913 W Blivest

Registrar

Registrar

8-Y CO. 20[illegible]



JUN 29 1942

DECEASED

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County FREMONT (b) City ST. ANTHONY
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years 18 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County FREMONT
(c) City ST. ANTHONY
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 18 mo. yrs.

3. RESIDENCE OF FATHER (city, state) SAME

4. FULL NAME OF CHILD AUDREY MAY HARLOW

5. Date of Birth of Child (Month, day, year) SEPT. 27, 1913

6. Sex female

7. Twin or Triplet — If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** PLENNIE W. HARLOW
11. Color or Race WHITE
12. Age at time of THIS birth 24 yrs.
13. Birthplace PIKE COUNTY (City or town) ILLINOIS (State or foreign country)
14. Exact Occupation PEA INSPECTOR
15. Industry or Business SEED COMPANY

MOTHER OF CHILD

16. **FULL MAIDEN NAME** LETA MAHANNA
17. Color or Race WHITE
18. Age at time of THIS birth 18 yrs.
19. Birthplace PIKE COUNTY (City or town) ILLINOIS (State or foreign country)
20. Exact Occupation HOUSEWIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) ..... (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature — M.D. Midwife — Address — Date

State of IDAHO
County of LEMHI } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 46 years of age, that I have known this person for 28 years, and that DR. (First name) WEST (Last name), who attended this birth CANNOT BE LOCATED (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Leta Mahanna Harlow Signature
SALMON, IDAHO P. O. Address

Subscribed and sworn to before me this 29th day of MAY, 1942

(SEAL) Maurina C. McBride Notary Public, residing at SALMON, IDAHO

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JUN 24 1942 by ..... Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such ~~date, such report may be received and filed by the local registrar for~~ record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-228-022-219

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

FULL NAME OF CHILD Venice Jackson

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99

File No. 1668

Primary Registration District No. 2177

Registered No. .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept. 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Jackson	FULL MAIDEN NAME	Annie Karlson
RESIDENCE	Parker	RESIDENCE	Parker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West

St Anthony Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 8 1913

W D West

Registrar

Registrar

8-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

155-123-022-693

Form V. S. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Porter

No. ..... St.

Hospital .....

Registration District No. 99 File No. 16682

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Woodrow Jenkins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Sept 23 1913

FATHER		MOTHER	
FULL NAME	Henry Evan Jenkins	FULL MAIDEN NAME	Emma Bird Williams
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Paris Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. West

Stanthony Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W. A. West

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registrar

165-223-022-691

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 16683

Primary Registration District No. 5177 Registered No. .....

FULL NAME OF CHILD Lillian Monteith

Sex of Child	Twin Triplet or other?*	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	(To be answered only in event of plural births)			yes	Sept 23 1913

FATHER		MOTHER	
FULL NAME	Marion W Monteith	FULL MAIDEN NAME	Mary Maud Bradshaw
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Wright

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Parker

Filed 19 13

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

693-220-022-843

Form V. S. No. 11-G-[illegible]m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 16684

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Mildred Mary Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	9 (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Millard Kent Wilson	FULL MAIDEN NAME	Lillian Belle Hutchison
RESIDENCE	Salt Lake City - Utah	RESIDENCE	Salt Lake City Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24 yrs	AGE AT LAST BIRTHDAY (Years)	24 yrs
BIRTHPLACE	Louisville Ky	BIRTHPLACE	Salt Lake City - Utah
OCCUPATION	Actor	OCCUPATION	Actress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St. Anthony - Ida

Filed Sept 8 1913 W. B. West

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 19 1954

753-218-6022-314

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 41

File No. 16685

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD ~~Cecil Peterson~~ AFTON PETERSON

Sex of Child Female ~~Male~~	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thos A Peterson	FULL MAIDEN NAME	Lottie Lauder
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Morefield M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Sept 8 1913

W B West Registrar

Registrar

S-Y CO. 20174

MARGIN RES[illegible]R BINDING

WRITE PLAINLY, WITH UNFADI[illegible]S IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [illegible]N must be made for each and the number of each, [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NAME

RESIDE

COLOR

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 16685

Date Filed September 18-1913

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)

for Afton Peterson (Name on Original Certificate) who ~~Sept 18 Born~~ (Was Born or Died) on Sept 18-1913 (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Afton Peterson
Sex	Male	Female

Subscribed and sworn to before me this 9 day of August, 1913

A. N. Gilbert

Notary Public, residing at Nampa Idaho

My commission expires March 8th 1917

(Seal)

Signed Thomas A Peterson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19 .

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 1 2 1943

JUN 24 1963

FEB 4 1965

NOV 19 1974

367-201-022-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

Registration District No. 99

File No. 16686

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Marie Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Cox	FULL MAIDEN NAME	Adelia Moons
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N Morefield MD.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W D Levert Registrar

Registrar

2-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1965

493-229-022-697

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 16687

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Mina Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas H Miller	FULL MAIDEN NAME	Olive Orgill
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Parker Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ct

Filed Sept 8 1913 W Hewett

..... *Registrar* *Registrar*

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—30m-2-16-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

665-218-022-386

PLACE OF BIRTH

Form V. S. No. 11-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 16688

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Dorothy Loretta Owens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 7 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Owens	FULL MAIDEN NAME	Margaret Lyons
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Morefield

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W Blvest Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

8 1964

MAR 2 1966

815-115-022-689

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16689

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Wayne William Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jno William Hansen	FULL MAIDEN NAME	Betta White
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W B Wright

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 19 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V32-114-022-913

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 91 File No. 16690

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Grant William McKinley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William McKinley	FULL MAIDEN NAME	Florence Rackham
RESIDENCE	Sugar R.F.D.	RESIDENCE	Sugar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Oct 8

Filed Sept 8 1913 W. Blevet Registrar

S-Y CO. 20174

Form V. S. No. 11-(

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

386-228-002-414

PLACE OF BIRTH

Form V. S. No. 11-C/[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 16691

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lavon Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hobart A Thompson	FULL MAIDEN NAME	Margaret Madson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Morefield

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Oct

Filed ~~Sept~~ 8 1913 W B West Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

295-124-022-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99

Primary Registration District No. 2177

File No. 16692

Registered No. .....

FULL NAME OF CHILD Sylvester Milton Kreng

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	~~3rd~~	yes	7 24 1913

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME Lillian May Andreas
RESIDENCE William Wolace Kreng	RESIDENCE St. Anthony Ida
COLOR White — AGE AT LAST BIRTHDAY 33 (Years)	COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Salt Lake City Utah
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St. Anthony

Filed Sept 16 1913

F. W. Blunt
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-105-022-515

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16695

County of Fremont

City of Parker

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2038

Registered No.

Hospital

FULL NAME OF CHILD Gerald. N. Parker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	May 5th 1913

FATHER		MOTHER	
FULL NAME	Lionel Parker	FULL MAIDEN NAME	Laura M. Vandrey
RESIDENCE	Parker Ida	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Draper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

W. B. WEST (Physician or midwife)

Given names added from a supplemental report

19

Address St Anthony Ida

Filed Sept 20 1913 W B West

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 14 1962

PLACE OF BIRTH

OCT 19 1964

AUG 2 1944

1 Dep of 1913 12678

796-110-022-364 Copy

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont Parker

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16696

Registration District No. 9 File No. .....

Primary Registration District No. 2038 Registered No. .....

FULL NAME OF CHILD Wayne Smith Grover

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—			yes	May 10th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D Smith Grover	FULL MAIDEN NAME	Cora May Tout
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Parker Ida	BIRTHPLACE	Egin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D West M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Ida

Filed Sept 20 1913 [illegible]

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County of

ORD

695-123-022-155 Copy

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Porter

No. ..... St.

Hospital .....

Registration District No. 9 File No. 16697

Primary Registration District No. 5038 Registered No. .....

FULL NAME OF CHILD ~~[illegible]~~ Wuiroth, Leonard Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	1		Yes	May 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Wuiroth	FULL MAIDEN NAME	Annie Jenkins
RESIDENCE	Ray Ida	RESIDENCE	Ray Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Egin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report

..... 19.....

Filed Apr 20 1913 W B West

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1849

PLACE OF BIRTH

County of

449-125022-215

Copy

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16698

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2038

File No. .....

Registered No. .....

FULL NAME OF CHILD Val E. Murri

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 25 1913

FATHER		MOTHER	
FULL NAME	Ernest Murri	FULL MAIDEN NAME	Eliza B Baer
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Switzerland	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should [illegible] this return. A stillborn child is one that [illegible] breathes nor shows other evidence of life [illegible] birth.

(Signature) W B West

St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 20 1913 W B West Registrar

K Registrar

[illegible] FOR BINDING
[illegible] READING INK—THIS IS A PERMANENT RECORD
[illegible] birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

DECEASED

(Be sure the information is complete and accurate)

Amended 8-30-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16699
Local Reg. No.
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elsa
b. (Middle):
c. (Last): Rudd

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): June 19, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Erastus
b. (Middle):
c. (Last): Rudd

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Farmington, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Katie
b. (Middle):
c. (Last): Sinclair

13. AGE (At time of this birth): 22 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 20, 1913

22. REGISTRAR'S SIGNATURE: W.B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...n the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
...SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 14 1967
Bureau of Vital Statistics

State of Idaho
County of Fremont } ss.

Certificate No. 16699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elsie Rudd (Name on Original Certificate) who was born (Was Born or Died) on June 18, 1913 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elsie Rudd	Elsa Rudd
Child's Date of Birth	June 18, 1913	June 19, 1913

Subscribed and sworn to before me this 11th day of June, 1967.
Wm. A. Huskinson
Notary Public, residing at St. Anthony
My commission expires 1-8-69
(Seal)

Signed Katie L. Rudd
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of June, 1967.
Wm. A. Huskinson
Notary Public, residing at St. Anthony
My commission expires 1-8-69
(Seal)

Signed George F. Rudd
(Signature of Any Credible Person)

Box 68 Parker Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5-29-67. nm

L.D S Church Cert. of Blessing, July 6, 1913 gives full name as Elsa Rudd; daughter of Erastus J. Rudd and Katie S. Rudd, born June 19, 1913 at Parker, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, July 2, 1921 gives full name as Elsa Rudd, daughter of Erastus J. Rudd and Katie Sinclair, born June 19, 1913 at Parker, Idaho - viewed by V.S.

253-216-022-349

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 16700

No. ..... St.

Primary Registration District No. 2038

Registered No. .....

Hospital .....

FULL NAME OF CHILD Angeline Margret Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel Bell	FULL MAIDEN NAME	Malnee Cur
RESIDENCE	Canon Creek	RESIDENCE	Canon Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3-10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. West M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Ida

Filed Sept 20 1913 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20.n-2-[illegible]-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTI
CERTIFICATE OF BIRTH

...mont

St Anthony

Registration District No. 9 File No. 167

St.

Primary Registration District No. 2038 Registered No.

Hospital

FULL NAME OF CHILD Philip Blain Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 2 (Month) (D

FATHER		MOTHER	
FULL NAME	Alvin M Moon	FULL MAIDEN NAME	Alice Scott
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20
BIRTHPLACE	Willard Utah	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St Anthony I
(Physician or midwife)

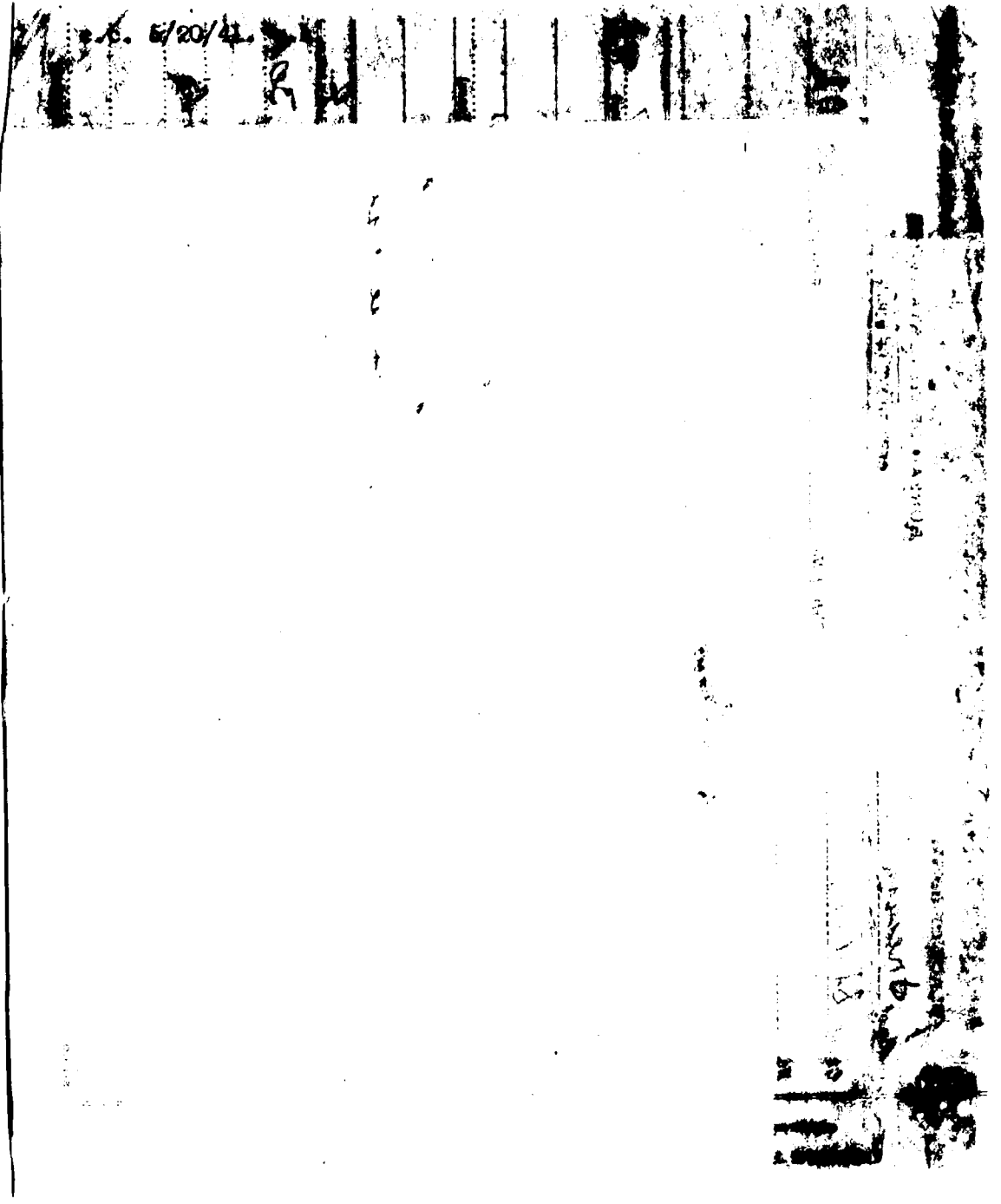
Given names added from a supplemental report

19

Address

Registrar

Filed Sept 20 19 13 W B West



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

City of Parker

Registration District No. 99

File No. 16702

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Arnold Miller (Arnold Woodruff Miller)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	[redacted] 31 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arnold D Miller Jr	FULL MAIDEN NAME	Effie Secrist
RESIDENCE	Parker Ida	RESIDENCE	Parker Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Farmington Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. West M.D.

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

..... Registrar

Filed Sept 20 1913 W. D. West

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RECORD

954-106102-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 8-1

CERTIFICATE OF BIRTH

16704

County of Fremont

City of Parker

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Thomas Eddy Inman

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept 6 1909

	FATHER	MOTHER
FULL NAME	James M Inman	FULL MAIDEN NAME Jessie Smith
RESIDENCE	Canada Idaho	RESIDENCE Canada Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	St Cloud Minn.	BIRTHPLACE Porters Prairie Minn.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Sept 20 1913 W B West Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1.C.—20m-3-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

154-108 022-353

Form V. S. No. 11-C

PLACE OF BIRTH

[redacted] IDAHO
BU[redacted]AL STATISTICS
[redacted]E OF BIRTH

County of ~~Ashton~~ Fremont

City of Ashton

Registration District No. 11 File No. 16705

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clifford Andrus

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 8 (Month) (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	M Andrus	FULL MAIDEN NAME	Una May Telford
RESIDENCE	Ora	RESIDENCE	Ora Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Ida

Filed Sept 16 1913 W B West

Registrar Registrar

1-V CO. 20174

MARGIN RESERVED FOR BINDING

TE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

619.108.022.766

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

16706

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Wm Woodrow Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Athanasius Wardle	FULL MAIDEN NAME	Rose Alice Powell
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	So Jordan Utah	BIRTHPLACE	Egin Ida
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 20 1913 W B West Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

95X-214 [redacted] 259

PLACE O[redacted]

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 16707

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Eva K Remington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Sept 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elwin J Remington	FULL MAIDEN NAME	Vera Alice Kerr
RESIDENCE	St Anthony Ida	RESIDENCE	St Anthony Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Ewert M.D.
St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 20 1913 W B Ewert
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 13 1970

MAR 22 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

495-1/02 1022-256

AMENDED CHILD'S NAME & BIRTH PLACE, FATHER'S NAME & BIRTH PLACE, MOTHER'S MAIDEN NAME

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH 1-19-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Bowerman

BOWERMAN HILL

No. ..... St.

Registration [redacted] 99

File No. 16708

Primary [redacted] District No. 2177

Registered No. .....

Hospital .....

FULL NA[redacted]D Claire Dredge BASIL CLAIR DREDGE

Sex of Child Male	Twin Triplet or other? and Number in order of birth 6th (To be answered only in event of plural births)	Legitimate? yes	Date of Birth July (Month) 2 (Day) 1913 (Year)

FULL NAME RICHARD FATHER HENRY DREDGE ~~Richard Dredge~~	FULL MAIDEN NAME MOTHER HEWARD Esther ~~Seward~~
RESIDENCE St Bowerman	RESIDENCE St Bowerman
COLOR White AGE AT LAST BIRTHDAY 35 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE ~~Utah~~ MALAD, IDAHO	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:28 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morfield MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Ida

Filed Sept 21 1913 W Bevert

Registrar

Registrar

8-Y CO. 20174

PLACE OF BIRTH

DEC 1 6 1976

10/23/2000

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Center for Vital Statistics
and Health Policy

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of UTAH
County of WEBER } ss.

RECEIVED
VITAL STATISTICS
01 JAN 15 P 1:53

Certificate No. #1913-16708
Date Filed SEPT. 21, 1913

The undersigned does solemnly swear that certain facts on the certificate of BIRTH

for CLAIRE DREDGE (Name on Original Certificate) who WAS BORN (Was Born, Died, etc.) on JULY 2, 1913 (Date of Event)

in ST. BOWERMAN, ID (FREMONT) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
CHILD'S NAME	CLAIRE DREDGE	BASIL CLAIR DREDGE
PLACE OF EVENT	ST. BOWERMAN	BOWERMAN HILL, IDAHO
FATHER'S NAME	Richard Dredge	RICHARD HENRY DREDGE
FATHER's BIRTHPLACE	UTAH	MALAD, ONEIDA, IDAHO
MOTHER'S MAIDEN NAME	SEWARD	HEWARD

Subscribed and sworn to before me this 10 day of JANUARY 2001

Notary Public Laurel S Dalton
Residing at Roy, Utah
My commission expires 9-24-2003
(Seal)

LAUREL S DALTON
NOTARY PUBLIC • STATE of UTAH
5051 SOUTH 1900 WEST
ROY, UT 84067
COMM. EXP. 09-24-2003

Signature of Applicant
1098 S. 1000 E., Holly Haven 1, Apt. 1
Street Address, City, State
Clearfield, Utah 84015

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of WEBER } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of JANUARY, 2001

Notary Public Laurel S Dalton
Residing at Roy, Utah
My commission expires 9-24-2003
(Seal)

LAUREL S DALTON
NOTARY PUBLIC • STATE of UTAH
5051 SOUTH 1900 WEST
ROY, UT 84067
COMM. EXP. 09-24-2003

Bonnie J. Adair
Supporting Signature
5433 S 3500 W. Roy, Utah 84067
Street Address, City, State

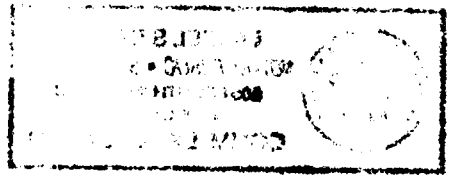
CERTIFICATE OF RECORD OF MEMBERSHIP SHOWS BASIL CLAIR DREDGE BORN JULY 2, 1913 IN BOWERMAN HILL ID TO RICHARD H DREDGE AND ESTHER - HEWARD WAS BAPTIZED ON AUG. 6, 1921 VIEWED VS.

HONORABLE DISCHARGE PAPER SHOWS BASIL C DREDGE BORN JULY 2, 1913 DATE OF INDUCTION 9/8/1942 VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 4/17/1961 FILE #1961-1432 SHOWS ESTHER M. DREDGE DIED APRIL 4, 1961 IN CALDWELL (CANYON) ID FATHER'S NAME T. W. HEWARD VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 1/7/1937 FILE #1937-101755 SHOWS RAY DREDGE DIED DEC. 13, 1936 IN IDAHO FALLS (BONNEVILLE) ID FATHER'S NAME RICHARD HENRY DREDGE BORN IN MALAD, IDAHO AND ESTHER HEWARD VIEWED VS.

STATE OF IDAHO CERTIFICATE OF DEATH FILED 5/15/1963 FILE #1963-1988 SHOWS RICHARD HENRY DREDGE DIED MAY 6, 1963 IN POCATELLO (BANNOCK) ID AND WAS BORN IN MALAD, IDAHO VIEWED VS.



693 110 02-2-154

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 16709

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Elwin Willard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male	1	yes	July (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W Willard	FULL MAIDEN NAME	Andrews
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony

Filed Sept 21 1913 W B West

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 23 1968

764-225-022-464

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 16710

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME [redacted] Edna Bernice Gould

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	1 (To be answered only in event of plural births)	yes	July 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Gould	FULL MAIDEN NAME	Mabel Dodson
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	~~Utah~~ Kansas	BIRTHPLACE	~~Utah~~ Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony

Filed Sept 21 1913 W Burnt

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 29 1973

582-215-022-695

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 16711

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ferd F Nyborg

Sex of Child	Twin or other?	and Number in order of birth	Legitimate?	Date of Birth
Female		1	yes	July (Month) 15 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ephraim E Nyborg	FULL MAIDEN NAME	Jessie Treers
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 43 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony

Filed Sept 21 1913 W Christ

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—20m-2-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 5 1952

693-116022-28

PLACE OF BIRTH

Form V. S. No. 11-C-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16712

County of Fremont

City of St Anthony

Registration District No. 99

File No.

No. St.

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF [illegible] Samuel Blair Williams

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2nd	yes	July 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Williams	FULL MAIDEN NAME	Chloe Ashcraft
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Indiana Indiana
OCCUPATION	Professor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield, M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Sept 21 1913 W B Wert
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154 x 141 022-239

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 16713

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Peter Anderson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	4		8	yes	Aug 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Nels Chris Anderson	FULL MAIDEN NAME	Ingiber R Strep
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	54 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Baker	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Morefield M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 21 1913 W B Cox Registrar

S-Y CO. 20174

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

231-106-02-2997

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 16714

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL [redacted] LD Kenneth Blair

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		7	yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	Anthony Blair	FULL MAIDEN NAME	Jane Rigby
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 1 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Mordell

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 21 1913 W. Ward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 29 1941

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-104-022-264

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of St Anthony Registration District No. 99 File No. 16715

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Birch MAURICE RICHARD BIRCH

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2nd	yes	Aug (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Steven Birch	FULL MAIDEN NAME	Ella Rouche
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Livergman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P Morgfield MD
St Anthony Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 21 1913 W Alvest
Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of ..... }

Certificate No. 16715

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Morse Francis Birch (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Aug. 4, 1913 (DATE OF EVENT)
in St. Anthony, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge ~~prepared on~~ of affiant (GIVE DATE), are:
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Morse Francis Birch	Maurice Richard Birch

Subscribed and sworn to before me this 16
day of Feb., 19 42

R. D. Burnham
Notary Public, residing at Celina Tenn.
My commission expires April 20-1943
(SEAL)

Signed Mrs. Helen Schow
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Celina, Tennessee
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of February, 19 42

Stanley H. Bone
Notary Public, residing at Twin Falls
My commission expires March 4-1944
(SEAL)

Signed Vivian A Goggin
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
124 N. Shoshone - Twin Falls Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB [illegible] By .....
(REGISTRAR'S SIGNATURE)

FEB 18 1965

MAR 22 .15

265-2291-022-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16717

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. .....

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME [redacted] Irene Swensen

Sex of Child	Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			5th	yes	July 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Severn Swensen	FULL MAIDEN NAME	Ingeber Olsen
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 21 1913 W. Bevest

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 21 1967

MAR 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-111-022-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 16718

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME [illegible] Eldon Birch

Sex of Child	[illegible] or other?	and Number in order of birth	Legitimate?	Date of Birth
Male		4	yes	Aug (Month) 11 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William M Birch	FULL MAIDEN NAME	Elizabeth Layton
RESIDENCE	Utah	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. [illegible]

St Anthony Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 21 1913 W B Ewart

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. H-C—Rev. 8-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

133-2011 022454

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Plano

No ....., ... St.

Hospital .....

Registration District No. 99 File No. 16719

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Anete Dorthea Allen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Aug (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Conrad S. Allen	FULL MAIDEN NAME	Annie E. Anderson
RESIDENCE	Plano	RESIDENCE	Plano
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Christiana Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lovisa G. Davis

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address St. Anthony Idaho R.D.3

Filed Oct 8 1913 W. B. West Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 11 1966

JAN 11 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

912 [illegible]

[redacted]

[illegible] 10m-8-7-11

PLACE OF BIRTH

County of Fremont

City of Parker

No. ....., ... St.

Hospital .....

Registration District No. 94

Primary Registration District No. 2177

File No. 16720

Registered No. .....

FULL NAME OF CHILD Milton Rhodehouse Mason

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	July (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank H. Mason	FULL MAIDEN NAME	Sarah Rhodehouse
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lovisa G. Davis

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address St Anthony Idaho R.D.3.

Filed Oct 8 1913 W. Sewell Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted] 3428-040-315

[redacted] BIRTH

[redacted] Shoshone

City of Wallace Registration District No. 70 File No. 16721

No. ..... St.

Primary Registration District No. 1011 Registered No. 60

Hospital —

FULL NAME OF CHILD Roy Edward Nelson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	One	2	Yes	Aug 28 1913

	FATHER	MOTHER
FULL NAME	Reuben Edward Nelson	FULL MAIDEN NAME Laura Long
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	33 (Years)
BIRTHPLACE	Minn	BIRTHPLACE Worden
OCCUPATION	Mullman	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physician

(Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept. 5, 1913 T. Leo Dunphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

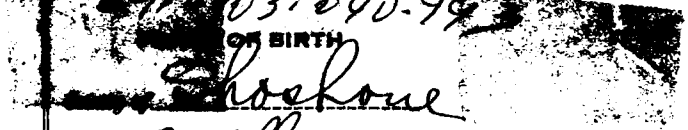
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

103-040-99

OF BIRTH

Shoshone

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Wallace Registration District No. 70 File No. 16722

No. ..... St.

Primary Registration District No. 1011 Registered No. 61

Hospital —

FULL NAME OF CHILD Averroez Bianchi

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	4	yes	Sept 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Bianchi	FULL MAIDEN NAME	Teresina Ricci
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Foundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1230 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida.

Filed Sept. 5, 1913 F. Leo Tingley

Registrar Registrar

S-Y CO. 20174

Form V. S. No. 11-C—2000-2-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAY 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238405-040-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 16723

No. ..... St.

Primary Registration District No. 1011 Registered No. 62

Hospital

FULL NAME OF CHILD Wilfred Norman Schierding

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	Sept 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Schierding	FULL MAIDEN NAME	Emma Sach
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Mining Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace

Filed Sept. 5, 1913 F. Leo Quinley Registrar

Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 26 1941

253/101/040/145

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 70 File No. 16724

No. St.

Hospital Providence Primary Registration District No. 1011 Registered No. 63

FULL NAME OF CHILD Kellogg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	3	yes	Sept 1 1913

FATHER		MOTHER	
FULL NAME	Guy Kellogg	FULL MAIDEN NAME	Grace Finney
RESIDENCE	Wallace Ida	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Ohio
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace, Idaho.

Filed Sept. 5, 1913 T. Leo Dunphy

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-1021040-344

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

[illegible]TE OF IDAHO
[illegible]F VITAL STATISTICS

[illegible]FICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70

File No. 16725

No. ..... St.

Primary Registration District No. 1011

Registered No. 64

Hospital Providence

FULL NAME OF CHILD Leo Farrell McKimmey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	1	Yes	Sept 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Farrell McKimmey	FULL MAIDEN NAME	Cleo Cummings
RESIDENCE	Mace Ida	RESIDENCE	Mace, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Mo.	BIRTHPLACE	Kan.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace, Idaho.

Filed Sept. 5, 1913 F. Leo Tingley

Registrar

Registrar

S-Y CO. 20174

10-23-41

ted States
partment of Commerce
reau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Providence Hospital
(e) Mother's stay BEFORE delivery:
In Hosp. or Mat. Home 12 days.
In THIS county 30 years month days.

2. USUAL RESIDENCE of MOTHER: (At time of this birth)
(a) State Idaho (b) County Shoshone
(c) City Mace
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 30 yrs
(f) Mother's mailing address Mullan Idaho
3. **RESIDENCE of FATHER** (city, state): Mullan Ida

FULL NAME OF CHILD Leo Ferrell McKimmey
5. Date of Birth (Month, day, year) Sep 2 Twin 193
Sex Boy 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? yes

FATHER OF CHILD

FULL NAME Arthur Ferrell McKimmey
Color or Race White 12. Age at time of THIS birth 22 yrs.
Birthplace Joplin Mo (City or town) (State or foreign country)
Exact Occupation steel sharpener
Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cleo [illegible]
17. Color or Race White 18. Age at time of THIS birth 17 yr
19. Birthplace Selma Kansas (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 5%
Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living
(c) Born alive and now dead (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was alive (born alive, stillborn) at 4 a.m. M. on the dat
and at the place stated above, and that personal particulars were furnished by Mrs. Cleo McKimmey (First name) (Last name), who i
related to this child as Mother (Mother, etc.)

(a) (Date received) (b) (Registrar's signature)

Given name added on by (Registrar's signature)

25. Attendant's OWN signature Chas. R. Moore M.D
(D.O., Midwife, etc.)
and address 305-6 Farnwell Bldg. Spokane, Wash. Date March 20

te of
nty of } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, , being first duly sworn, say that I am
(Related to (or) acquainted with)
(Name of person on certificate above) as (State relationship or acquaintance), whose birth certificate
ears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts con-
ed therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended
birth (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Signature

P. O. Address

Subscribed and sworn to before me on this day of , 19

(SEAL) Notary Public, residing at

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

93K-17-040-[redacted]

PLACE OF BIRTH

[redacted] IDAHO

[redacted] Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-6-20-11

County of Shoshone

City of Wallace

Registration District No. 70

File No. 16726

No. ....., ... St.

Primary Registration District No. 1011

Registered No. 65

Hospital .....

FULL NAME OF CHILD Earl Archibald McDonald

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Sept. [illegible] 13, 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander McDonald	FULL MAIDEN NAME	Ilen Thomas
RESIDENCE	Black Cloud	RESIDENCE	Black Cloud
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Prince Edward Island	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 14th 1913, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Wallace, Idaho.

Filed Sept. 26, 1913 F. Leo Tingley

Registrar

Registrar

S-Y CO., 16670

JUL 15 1942

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

16726

:ed States
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NOV 12 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 91
Reg. Dist. No. 40

PLACE OF BIRTH:
(a) County Shoshone (b) City Wallace.
(c) Street Address or R.F.D. No.
(d) Name of Hospital of Maternity Home: Home
(e) Mother's stay **BEFORE** delivery:
In Hospital or Maternity Home Home Days
In **THIS** county years months days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Wash. (b) County Spokane
(c) City Spokane
(d) Street Address or R.F.D. No. 5-18 W Montgomery
(e) How long has **MOTHER** lived in Idaho? 28 yrs.
(f) Mother's mailing address (For registration notice):
W 5-18 Montgomery. Spokane.
(Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state) Deceased.

FULL NAME OF CHILD Earl Archibald. McDonald

5. **DATE OF BIRTH** (Month, day, year) Sept. 17th 1913.

Sex Male.

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9.

9. Legitimate? yes

FATHER OF CHILD

FULL NAME Alex McDonald.

Color or Race White

12. Age at time of THIS birth 5-2 yrs.

~~Birthplace~~ Prince Edwards Island
(City or Town) (State or foreign country)

Exact Occupation Mining

Industry Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cecelia M. Thomas

17. Color or Race White

18. Age at time of THIS birth 38 38 yrs.

19. Birthplace Cornwall. England.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife.

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum

Number of children of this mother: (a) At time of birth and including this child 10 (b) Born alive and now living 8.
(c) Born alive and now dead 2 (d) Stillborn

I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at 11 P. M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

(a) Oct-29-41 (Date received) (b) John A Bower (Registrar's signature)

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature C. S. Stone M.D. (D.O., Midwife, etc.)

and address ..... Date .....

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which the as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the a physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chil householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of su having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and s to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inter 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filed out as per blanks for t pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any othe charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before c

Yes..... No..... Pos..... Ne

(e) Signature of Physician:

.....

Amended 11-20-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16727
Local Reg. No. 66
Reg. Dist. No. 70

1. PLACE OF BIRTH

a. COUNTY: Shoshone

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Wallace Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Shoshone

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): John b. (Middle): Francis c. (Last): Caruso

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) (Day) (Year): Sept. 23, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Thomas b. (Middle): C. c. (Last): Caruso

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Spooner, Wisconsin

10. USUAL OCCUPATION:

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): May b. (Middle): c. (Last): Murphy

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Sweetbriar, N. Dakota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. E. St. Jean, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallace Hospital

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 24, 1913

22. REGISTRAR'S SIGNATURE: F. Leo Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY

WEIGHT AT BIRTH

Was a standard serological test for syphillis performed? Yes ____ No ____

Approximate date

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
IVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of [illegible] } ss.
County of [illegible]

Certificate No. 16727

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Frank Caruso (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Frank Caruso	John Francis Caruso
		Ellen Frances Crowe

Subscribed and sworn to before me this [illegible] day of [illegible], 19[illegible]

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Mrs R B Crowe (Aunt)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L 10-2-62. - one copy pd. rec. #18212.

Transcript of Baptismal Record, gives full name of child as John Francis Caruso, born September 24, 1913, baptized November 16, 1913, father-Thomas Caruso; mother-May Murphy; Name of officiating Priest-Fr. Bonora - above record taken from records of the St. Alphonsus Catholic Church, Wallace, Idaho, recorded in Book-Vol 2, pg. 38 #47 - record made May 9, 1928 - viewed by V.S.

Photo Copy of Order of Adoption, Shoshone County, State of Idaho, dated Jan. 24, 1927 - photo (certified) copy made Oct. 15, 1964 gives child's full name as John Francis Caruso, born Sept. 23, 1914 - child of Mae Caruso and Thomas Caruso - being adopted by John J. Murphy - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

445-128-4

PLACE OF [redacted]

Form V. S. No. 1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 16728

No. ..... St.

Primary Registration District No. 1011 Registered No. 67

Hospital .....

FULL NAME OF CHILD Duncan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	One	3d	Yes	Sept 28 1913

FULL NAME OF FATHER	FULL MAIDEN NAME OF MOTHER
Charles Allen Duncan	Catherine Harvey
RESIDENCE: Wallace Ida	RESIDENCE: Wallace Ida
COLOR: W AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Mich	BIRTHPLACE: Iowa
OCCUPATION: Milman	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1150 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physicians (Physician or midwife)

Address Wallace, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 10, 1913 A. Leo Quigley Registrar

8-Y CO. 20174

Form V. S. No. 1-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

415

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Riverside Ward Registration District No. 121 File No. 16729

No. ..... St. Primary Registration District No. 2194 Registered No. 175

Hospital —

FULL NAME OF CHILD LYNN Reynold Wilson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra D. Wilson	FULL MAIDEN NAME	Rebecca A. Davis
RESIDENCE	Blackfoot R.F.D. #2	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrice

Phys (Physician or midwife)

Given names added from a supplemental report

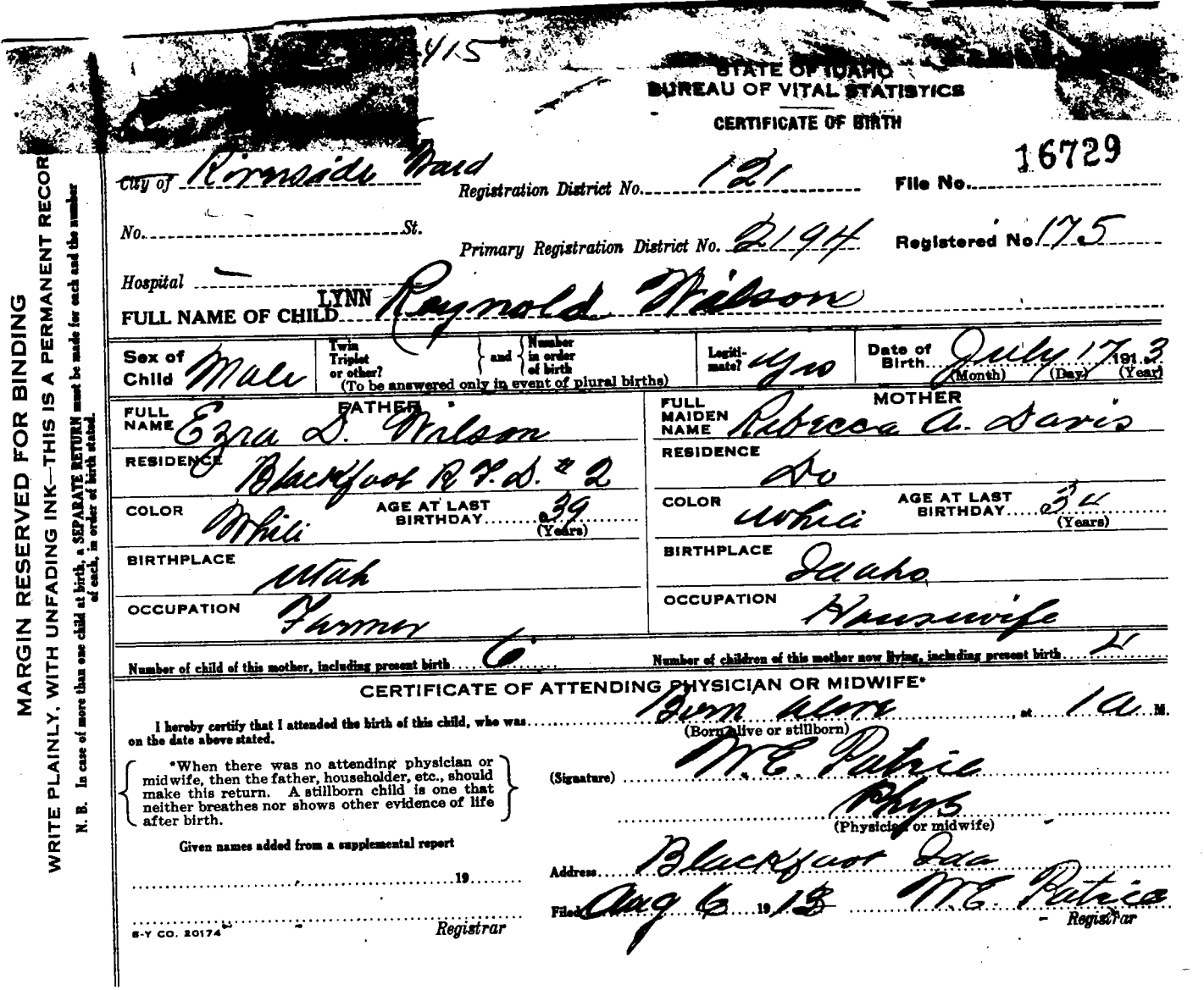
..... 19.....

Address Blackfoot Ida

Filed Aug 6 1913 W. E. Patrice Registrar

..... Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1942

SEP 1 8 1942

Registrars No. I75, year 1913.

16729

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

SEP 8 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No. I75
Reg. Dist. No. 2194

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. PLACE OF BIRTH:
   (a) County Bingham (b) City Riverside Ward.
   (c) Street address or R. F. D. No. Blackfoot R.2
   (d) Name of Hospital or Maternity Home: Home
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home ..... Days
   In THIS county ..... years ..... months ..... days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
   (a) State Idaho (b) County Bingham
   (c) City Riverside Ward, R.F.D.2
   (d) Street address or R. F. D. No.
   (e) How long has MOTHER lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   (Street or R. F. D.) (Postoffice)

3. RESIDENCE OF FATHER (city, state) Blackfoot, R2

4. FULL NAME OF CHILD (Lynn) Reynold Wilson

5. DATE OF BIRTH (Month, day, year) Jul. 17, 1913

6. Sex Male

7. Twin or Triplet ..... If so—born 1st 2nd 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ezra D. Wilson.

11. Color or Race White

12. Age at time of THIS birth 39 yrs.

13. Birthplace Utah
(City or Town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Rebecca A. Davis.

17. Color or Race White

18. Age at time of THIS birth 34 yrs.

19. Birthplace Idaho.
(City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 20 % Solution Neosilvol

23. Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 4
(c) Born alive and now dead 2 (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at I:00 A.M. on the date and at the place stated above, and that personal particulars were furnished by Mother Rebecca Wilson (First name) (Last name), who is related to this child as Mother (Mother, etc.)

25. Attendant's OWN signature W E Patrie M. D. (D. O., Midwife, etc.) and address Blackfoot, Idaho. Date 7-17-13

26. (a) Aug. 6, 1913 (Date received) (b) W E Patrie (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

This is on file in Boise under name of Reynold Wilson.

SEP 8 1942

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)
(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of _____

_____

_____

(b) Labor: Complications: _____

_____

_____ Induced? _____

_____

(c) State all operations for delivery _____

_____

_____

(d) Did baby have any:

(1) Congenital Malformation? _____

Describe: _____

(2) Birth Injury? _____

Describe: _____

(3) Was mother given a Wasserman before delivery?

Yes_____ No_____ Pos._____ Neg._____

(e) Signature of Physician:

_____

466-202-006-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1 [redacted]

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot. Registration District No. 121 File No. 16730

No. 475 No Taylor St. Primary Registration District No. 1007 Registered No. 176

Hospital No

FULL NAME OF CHILD Unnamed Downey, Fern

Sex of Child Female | Twin Triplet or other? — | and | Number in order of birth — (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Aug 2 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Charles J. Downey

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE New York

OCCUPATION Stock buyer

MOTHER

FULL MAIDEN NAME Althenia Mansfield

RESIDENCE Do

COLOR W AGE AT LAST BIRTHDAY Do (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Lutrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Aug 12 19 13 M. E. Lutrie Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

NOV 2 1934

County of [illegible]

Amended 6/10/70

15-X-2071006-366

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneham

City of Thomas Ward

No. ..... St.

Hospital .....

Registration District No. 121 File No. 16731

Primary Registration District No. 2194 Registered No. 177

FULL NAME OF CHILD ~~Unmarked~~ Elizabeth Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Aug 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Anderson	FULL MAIDEN NAME	Nancy Cooper
RESIDENCE	Blackfoot R.F.D. No 2	RESIDENCE	Do
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Farmer	BIRTHPLACE	Utah
OCCUPATION	Utah	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Aug 17 1913 W. E. Patrie Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 22 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
JUN 9 - 1970
Bureau of Vital Statistics

Certificate No. 16731

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elizabeth Anderson (Name on Original Certificate) who was born (Was Born or Died) on Aug. 7, 1913 (Date of Event)
in Thomas Ward, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of Child	Male	Female

Subscribed and sworn to before me this 6 day of June, 19 70

Charles A Jones

Notary Public, residing at Salt Lake

My commission expires May 28, 1972

(Seal)

Signed Dorothy Jean Carr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1475 South 9th East
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of June, 19 70

Charles A Jones

Notary Public, residing at Salt Lake

My commission expires May 28, 1972

(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible] S.L.C. UTAH
(Street Address, City, State)

FORM DH 60-155 CL 6/2/70 icc pd,

JUN 1 0 1970

MAR 2 7 1973

693.205.006522

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward 4 St.

Registration District No. 121 File No. 16732

Primary Registration District No. 1007 Registered No. 178

Hospital

FULL NAME OF CHILD Verna Wilde

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Aug. 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Orrin George Wilde	FULL MAIDEN NAME	Dora Eskelsen
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Brigham, Utah	BIRTHPLACE	Mink Creek, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. S. Hammond

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Blackfoot

Filed Aug 18 1913 W. E. Patrie

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

JAN 23 1951

753-216-006-713

PLACE OF BIRTH

Form V. S. No. 11-C[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward

Registration District No. 121 File No. 16733

No. ..... St.

Primary Registration District No. 2194 Registered No. 179

Hospital .....

FULL NAME OF CHILD Ruth Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		L	Aug (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph William Peterson	FULL MAIDEN NAME	Sarah Elizabeth Palmer
RESIDENCE	Thomas ward	RESIDENCE	Thomas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	wife and mother

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot R. F. D. No 2 Ida

Filed Aug 26 1913 W. E. Patrie
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]

City of Blackfoot

No. So Court St.

Hospital No

Registration District No. 121 File No. 16739

Primary Registration District No. 1007 Registered No. 180

FULL NAME OF CHILD James Alice Gurrin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Aug 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John James Gurrin	FULL MAIDEN NAME	Ruth Bedford
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mich	BIRTHPLACE	Wis.
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys.

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 27 19 13 W. E. Patrie
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Blackfoot

No. Younie Add. St.

Hospital

Registration District No. 121

Primary Registration District No. 1007

File No. 16735

Registered No. 181

FULL NAME OF CHILD Daveen Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Hammond Clark	FULL MAIDEN NAME	Louise Clark
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	St Charles Bear Lake co Idaho	BIRTHPLACE	Bennington Bear Lake co Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth [illegible] Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.45 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C Clark

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Bingham co Ida

Filed Aug 30 1913 M E Patrie

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. [illegible]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH 6 2 7 1968

756-128-006-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 10-C—20m-2-15-12

Registration District No. 121 File No. 16736

Primary Registration District No. 2194 Registered No. 182

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Aug 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hymen Smith Pew	FULL MAIDEN NAME	Rose Moser
RESIDENCE	Springfield - Ida -	RESIDENCE	Springfield Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Hotel-Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen

Filed Sept 3 1913 M[illegible]

Registrar

8-Y CO. 20174

DUP OF 1913 - 305925

966-116-006-364

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]
CERTIFICATE [redacted]

V. S. No. 11-C—20m[redacted]

County of Bingham

City of Groveland

Re[redacted] No. 121 File No. 16737

No. ..... St.

Primary [redacted]tion District No. 2194 Registered No. 183

Hospital

FULL NAME OF CHILD Kenneth C Rowland

Sex of Child	Twin ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	yes	Aug 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lewis G Rowland	FULL MAIDEN NAME	Margaret Combs
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W E Patrick

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. E.W.

966-116-606-364

PLACE OF BIRTH

County of Bingham

City of Groveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C-20

Registration District No. 121 File No. 16738

Primary Registration District No. 2194 Registered No. 184

FULL NAME OF CHILD Keith M Rowland

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Yes	2	Yes	Aug 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer G. Rowland	FULL MAIDEN NAME	Margret Combs
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Sept 8 1913 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued October 25, 1940. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293.124.006.168

PLACE OF BIRTH

Form V.-S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Riverside

Registration District No. 121

File No. 16730

No. ..... St.

Primary Registration District No. 2194

Registered No. 185

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ Clinton M. F. Killian

Sex of Child Male	~~Twin Triplet~~ or other? Single and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 24 (Month) (Day)

FATHER		MOTHER	
FULL NAME	James W. Killian	FULL MAIDEN NAME	Minnie M. Johnson
RESIDENCE	Riverside	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Mitchell

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 8 1913 W. E. Patrie

Registrar

Registrar

S-Y CO. 20174

Certified Copy issued Jan. 27, 1941. E.W.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH [redacted] OF IDAHO [redacted] VITAL STATISTICS [redacted] ATE OF BIRTH

Form V. S. No. [redacted]

County of Bingham

City of Blackfoot

No. Ward 4 St.

Registration District No. 121

File No. 16740

Primary Registration District No. 1007

Registered No. 186

Hospital

FULL NAME OF CHILD Edith E. Cole

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Cole	FULL MAIDEN NAME	Sarah Gardner
RESIDENCE	Blackfoot	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Sept 8 1913 W. E. Patrie

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev. 2-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

864-121-006-666

Form-V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bingham

City of Belfort

No. 3 Miles East St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 16741

Primary Registration District No. 2194 Registered No. 187

FULL NAME OF CHILD [redacted] Hodson, Don W.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Aug 21 1913

FATHER

FULL NAME Albert Hodson

RESIDENCE Belfort 3 Miles East

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Victoria Wood

RESIDENCE Belfort 3 Miles East

COLOR W AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

.....
Registrar

Address .....

Filed Sept 3 1913 M E Patrie
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 6 1942

Employment Record, Utah-Idaho Sugar Company, date of first employment, Sept. 7, 1937, gives full name as Don W. Hodson, born Aug. 21, 1913 at Blackfoot, Idaho - social security no. is given as 519-01-5602 - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #48-6541 gives full name of father as Don W. Hodson - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 16741

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hodson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 21, 1913 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Don W. Hodson

Subscribed and sworn to before me this 9 day of June, 1961

Dell Stranlee

Notary Public, residing at Idaho Falls Idaho

My commission expires Jan 18 1963

(Seal)

Signed Victoria Hodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Firth, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of June, 1961

Dell Stranlee

Notary Public, residing at Idaho Falls Idaho

My commission expires Jan 18 1961

(Seal)

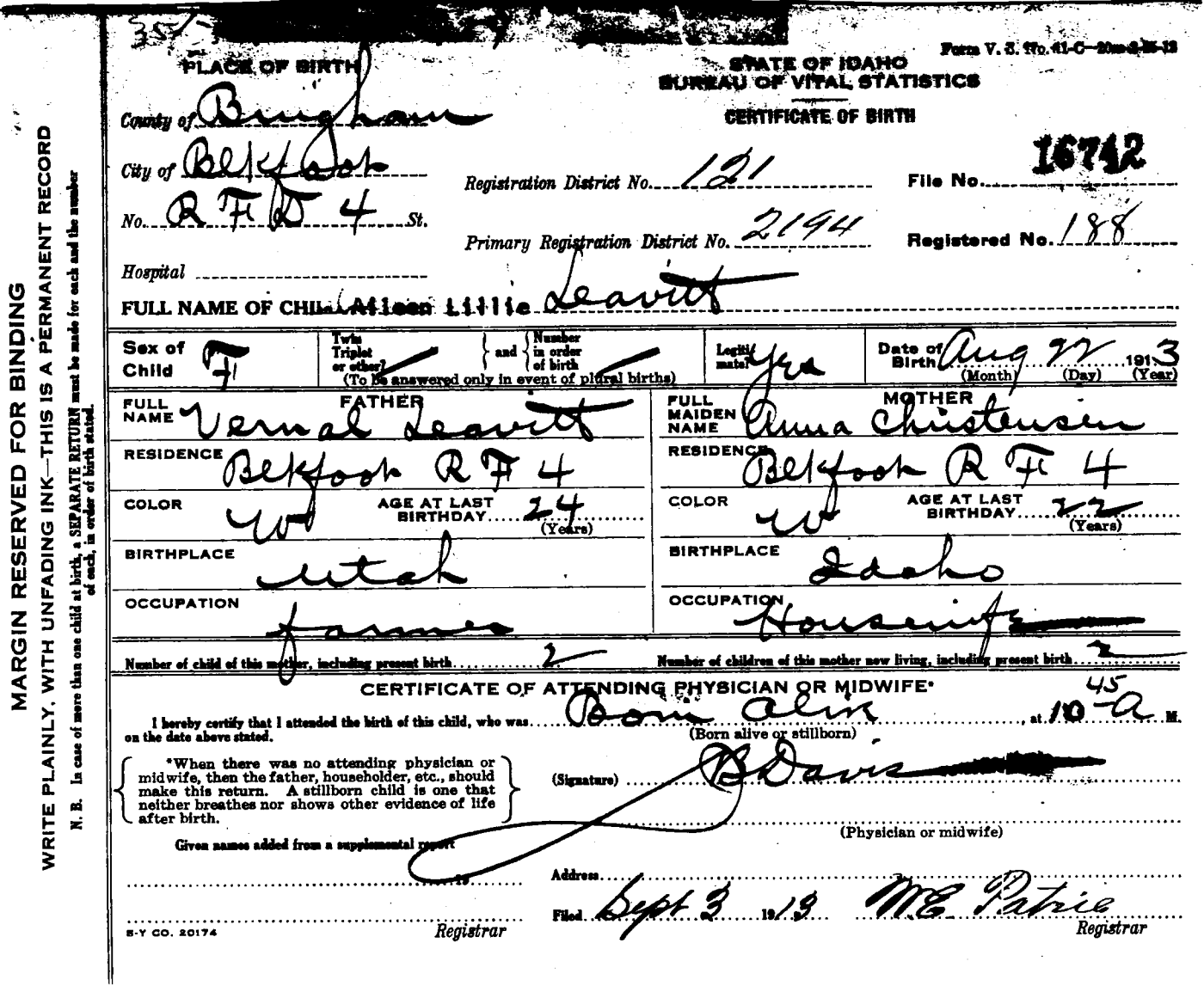
Signed Frank D Wood
(Signature of Any Credible Person)

264 West Sexton Bft, Idaho
(Street Address, City, State)

FORM DH 60-155

L 7-28-61. one copy pd. receipt #12347.

MAR 23 1962



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35/ [redacted]

Form V. S. No. 41-C—20m-2-25-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfoot

No. RFD 4 St.

Hospital

Registration District No. 121

Primary Registration District No. 2194

File No. 16742

Registered No. 188

FULL NAME OF CHILD Aileen Lillie Leavitt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Aug 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Vernal Leavitt	FULL MAIDEN NAME	Anna Christensen
RESIDENCE	Belfoot RF 4	RESIDENCE	Belfoot RF 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

Address

Filed Sept 3 1913 M E Patrie

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1674

NOV 10 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 16742

County of ..... Date Filed .....

RECEIVED JAN 18 1972 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Leavitt (Female)- (Name on Original Certificate) who was born (Was Born or Died) on Aug. 22, 1913 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	~~Lillie Aileen Leavitt~~ Aileen Lillie Leavitt

Subscribed and sworn to before me this 29th day of November, 19 71

Mary Buttram

Notary Public, residing at Blackfoot Id

My commission expires 9-14-74

(Seal)

Signed Genevieve H. Lindsay

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Moreland Id 83256

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of November, 19 71

Mary Buttram

Notary Public, residing at Blackfoot Id

My commission expires 9-14-71

(Seal)

Signed Thelma P. Christiansen

(Signature of Any Credible Person)

Box 155 Moreland Idaho 83256

(Street Address, City, State)

FORM DH 60-155 CL 11/10/71 nm

Insurance Policy from Old West Life Ins. Co. gives name as Aileen L. Armstrong. Date of birth 8-22-13. Signed by R. Welsh. Dated July 1, 1959. Viewed by V. S.

JAN 14 1972

Record from Ward Clerk of LDS Church in Pingree, Idaho gives name as Aileen Lillie Leavitt. Date of Birth 22 Aug. 1913 at Moreland, Idaho. Was Blessed Oct. 1913 and Baptized Aug. 22, 1921. Signed by Reed J. Brown, Ward Clerk. Viewed by V. S.

813-228-006-451

PLACE OF BIRTH

County of Bingham

~~City of~~ 10 M. NW from Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. [redacted]

16743

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 189

FULL NAME OF CHILD Buelah Hale

Sex of Child Female	Twin Triplet or other? Yes and Number in order of birth One (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alvin Wilford Hale	FULL MAIDEN NAME	Julia Dean
RESIDENCE	Blackfoot R.F.D. #4	RESIDENCE	Do
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Hale

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot R.F.D. No 4

Filed Sept 3 1913 W. C. Patrie Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

813-228-006-451

PLACE OF BIRTH

County of Bingham

~~City of~~ 10 Mi - NW from Blackfoot

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11

16744

Registration District No. 121 File No. .....

Primary Registration District No. 2194 Registered No. 190

FULL NAME OF CHILD Dona Hale

Sex of Child	Twin ~~Triplet or other?~~	and	Number in order of birth	Legitimate?	Date of Birth
Female	Yes		2nd	Yes	Aug 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Wilford Hale	FULL MAIDEN NAME	Julia Dean
RESIDENCE	Blackfoot R.F.D. #3	RESIDENCE	Do
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Hale

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot R.F.D. #4

Filed Sept 3 1913 W. E. Patrie Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [redacted]

STATE OF IDAHO
[redacted]AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Frisco

Registration District No. 122 File No. 16745

No. ..... St.

Primary Registration District No. 200 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leslie Merrial Mossbargh

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One	4th	Yes	Sept 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Mossbargh	FULL MAIDEN NAME	Lenora Miller
RESIDENCE	Frisco Ida	RESIDENCE	Frisco Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	So Dak
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

Filed Oct. 10 19 13

H C Mowery
Registrar

Registrar

S-Y CO. 20174

[redacted]

c.c. 6/5/41. w.h.

819-125-040-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 122 File No. 16746

No. — St.

Primary Registration District No. 200 Registered No.

Hospital —

FULL NAME OF CHILD Norman Lancie ~~Mace~~ Hartford

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	2nd	yes	Sept 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L Hartford	FULL MAIDEN NAME	Vera Kingsley
RESIDENCE	Mace Ida	RESIDENCE	Mace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New Hampshire	BIRTHPLACE	Rhode Island
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowary

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida.

Filed October 10 1913 H C Money Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-3-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

APR 17 [redacted]

262-204-040-341

No. 11-G-20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STA[illegible]

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16747

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Florence Baskett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	L	Oct 4 1913

FATHER		MOTHER	
FULL NAME	Edward Baskett	FULL MAIDEN NAME	Mabel Crawford
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Rockford, Wash	BIRTHPLACE	Omaha, Nebraska
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S Lesher, Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Ida

Filed Oct 19 13 G S Lesher Registrar

Jms

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STA[illegible]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

Registered

[illegible]

855·107·040-569

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16748

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Matthew Hendrickson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	\	/	L	Oct 7th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matthew Hendrickson	FULL MAIDEN NAME	Anna Norling
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Norway.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. S. Lesher

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Idaho.

Filed Oct 1913 G. S. Lesher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-3-15-12

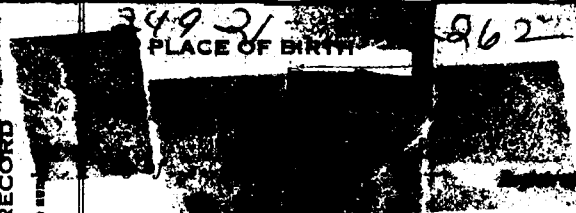
STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County of



349 21 262

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 16749

No. 21 W S Ave St.

Primary Registration District No. 1004 Registered No. 279

Hospital private res

FULL NAME OF CHILD Rose Smith 12 o'clock

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth Aug 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar Smith	FULL MAIDEN NAME	Sophia Rose
RESIDENCE	3-07 4th Myrtle	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Aug 17, 1913 at 12 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carrillo J Robbins

Midwife (Physician or Midwife)

Given name added from a supplemental report

Address 219 W S Ave

, 19

Filed 8-27 1913 M S Parker

Registrar Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

914-207-001-439

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 1

Primary Registration District No. ..... Registered No. 11

FULL NAME OF CHILD Everett Wesley Raubo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 7 1912

FATHER	MOTHER
FULL NAME Edwood L Raubo	FULL MAIDEN NAME Grace McIntyre
RESIDENCE Star	RESIDENCE Star
COLOR W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Colorado
OCCUPATION Labour	OCCUPATION At Wife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) O W Hall MD

Star, Idaho,
(Physician or midwife)

Address .....

Filed Nov. 15 1912

O W Hall MD
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR B[redacted]
WRITE PLAINLY, WITH UNFADING INK—THIS IS
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 14 1971

MAY 4 1972

533-113-00-555

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Ada

City of Star

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 16751

Primary Registration District No. _____ Registered No. 10

FULL NAME OF CHILD Arthur Everett Ellis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Oct 13 1912

FATHER

FULL NAME James Rhodes Ellis

RESIDENCE Meridian

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Kansas

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Josephine Evans

RESIDENCE Meridian

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

Star Idaho.
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Nov 1913 O W Hall Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 8-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

699-107-00-739

PLACE OF BIRTH

County of Ada

City of P.O. Eagle

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16752

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 9

FULL NAME OF CHILD Hazen Wayne Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Aug 7 1913

FATHER		MOTHER	
FULL NAME	Arch Wright	FULL MAIDEN NAME	Anneta M Helms
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edstate MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Aug 1913 O W Hall Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-220-00-629

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16753

Primary Registration District No. ..... Registered No. 8

FULL NAME OF CHILD Jennevieve Davis

Sex of Child F M	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Sept 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William W Davis	FULL MAIDEN NAME	Katheline O Brien
RESIDENCE	England Star	RESIDENCE	Star
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	England	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1,309 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ola Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star, Idaho

Filed Oct 19 13 O W Hall Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

753122-004366

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. [redacted]

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 16754

Primary Registration District No. .....

Registered No. 7

FULL NAME OF CHILD Frank Omera Gilman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	April 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Gilman	Ida N. Corran
RESIDENCE	Caldwell Ida	Caldwell Ida
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen Hall M.D.
(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct. 19 13 V. Hall
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Ada

City of Star

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

167[illegible]

Registration District No. ____ File No. ____

Primary Registration District No. ____ Registered No. [illegible]

FULL NAME OF CHILD Kermit Howard Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
M.			Yes	Sept 29

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus H. Stewart	Rebecca Katherine Gor[illegible]
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Arkansas	S. Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. E. Maude M.D.
(Physician or Midwife)

Address Boise.

Filed Oct 19 13 O. M. Hall
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED FEB 14 1975

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....

County of .....

Certificate No. 16755

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Stewart (Male) (Name on Original Certificate) in who was born (Was Born or Died) on Sept 29, 1913 (Date of Event)

in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kermit Howard Stewart

Subscribed and sworn to before me this 12 day of February, 19 75

Lee Hankins

Notary Public, residing at 1326 N.E. 72nd Portland

My commission expires Nov. 15 th 1975 Oregon

(Seal)

Signed Mother Rebecca Stewart

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2227 SE Ladd Portland Ore

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon

County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 th day of February, 19 75

Lee Hankins

Notary Public, residing at 1326 N.E. 72 nd Portland

My commission expires Nov. 15 th 1975

(Seal)

Signed (AUNT) MAIDEN NAME DIXIE STEWART

(Signature of Any Credible Person)

[illegible] Portland

(Street Address, City, State)

FORM DH 60-155 CL 1/14/75 nm

Read (OVER) = (OVER)

Dr Nagel was the physician at time of Birth 1:00 A/M 9/29/13

AUG 13 1975

Star Idaho

STAR IDAHO

Mrs Rebecca Stewart Mother

The Holy Sacrament of Baptism from St. Francis of Assisi church, Portland, Ore gives name as Kermit Howard Henry ~~XXX~~ Stewart child of Rufus Henry Stewart and Rebecca Goettling. born in Starr , Idaho on Sept. 29, 1913. Baptized Aug. 8, 1938. viewed by V. S.

Application for Insurance from Massachusetts Mutual Life Ins. Co of Springfield, Mass. gives name as Kermit H. Stewart born Sept. 29, 1913. dated Aug 14, 1953. viewed by V. S.

Marriage certif form Oregon gives name as Kermit H. Stewart and bride's name as Gertrude H. Bloom. dated Aug. 28, 1938. viewed by V. S.

912-215-008-

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16756

County of Bois

City of Rosebury

Registration District No. 1 File No.

No. St.

Primary Registration District No. Registered No. 3

Hospital

FULL NAME OF CHILD Georgia Rash

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 15 1913

FATHER

FULL NAME Earl R Rash

RESIDENCE Rosebury Ida.

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mo

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Elma Hilburn

RESIDENCE Rosebury Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Compton

(Physician or midwife)

Address Rosebury

Given names added from a supplemental report

19

Registrar

Filed Sept 15, 1913 F. H. Compton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 25 1967

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16757

City of Rosebery — Registration District No. 15 — File No. 1

No. ____ St. — Primary Registration District No. ____ — Registered No. 3

Hospital ____

FULL NAME OF CHILD Martha Elizabeth Ruller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept. 11 1913

FATHER		MOTHER	
FULL NAME	Richard E. Ruller	FULL MAIDEN NAME	Myrtle Gamble
RESIDENCE	Rosebery Idaho	RESIDENCE	Rosebery Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Green Co. Iowa	BIRTHPLACE	Iowa Co. Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Compton M. D.

(Physician or midwife)

Address Rosebery Idaho

Given names added from a supplemental report

....., 19.....

Filed Sept. 11 1913 D. H. Compton Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-D

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of [redacted] 16758

Registration District No. 96 File No.

No. St.

Hospital Hospital Primary Registration District No. 1009 Registered No. 24

FULL NAME OF CHILD MERLE JAMES Barkley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Aug 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Barkley	Pearl Monroe
RESIDENCE	Moorland Mesh	Moorland Mesh
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	Sullivan Co. Mo	Brownsville Texas
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8— P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Monroe M.D.

(Physician or Midwife)

Address Lewisburg Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct. 10 19 13 L.J. Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Asotin }

Certificate No. 16758

Date Filed /

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for James Russell Barkley (Name on Original Certificate) who born (Was Born or Died) on Aug 29. 1913 (Date of Event) in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Oct 1. 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	James Russell Barkley	~~James Merle Barkley~~ Merle James Barkley

Subscribed and sworn to before me this 16 day of Feb 1942

Notary Public, residing at Clarkston

My commission expires 2-20-1944
(Seal)

Signed Pearle B Barkley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clarkston Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Asotin }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of Feb 1942

Notary Public, residing at Clarkston Wash

My commission expires 2-20-1944
(Seal)

Signed Matilda Hingel.
(Signature of Any Credible Person Other Than Previous Year)

Clarkston Wash
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated

[illegible]E OF BIRTH

[illegible] Perse

[illegible] of Lewiston

No. ....., ... St.

Hospital Yes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16759

Registration District No. 96 File No. .....

Primary Registration District No. 1009 Registered No. 25

FULL NAME OF CHILD Edith May Robinson

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth August 31st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T D Robinson	FULL MAIDEN NAME	May Bankson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Columbus Mo	BIRTHPLACE	Tomroy Wash,
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Thourse M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Oct. 10 1913 L. J. Perkins Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

JUL 22 1971

241-106-035-419

PLACE OF BIRTH

Form V. S. No. 11-C-1

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital St Joseph

Registration District No. 96 File No. 16760

Primary Registration District No. 1009 Registered No. 26

FULL NAME OF CHILD Fredrick M Small

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
male	One	1st	yes	Sep 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy L Small	FULL MAIDEN NAME	Fronie Maidek
RESIDENCE	East Lewiston	RESIDENCE	East Lewiston
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	East Lewiston	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11.30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Oct 10 1913 L J Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO

PLACE OF BIRTH

515-107-035-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Ida

No. 615 15th St. St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-6

CERTIFICATE OF BIRTH

16761

Registration District No. 96

File No.

Primary Registration District No. 1009

Registered No. 24

FULL NAME OF CHILD Paul Jerome Van West

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Sept 7th 1913

FATHER		MOTHER	
FULL NAME	Fulam Ray Van West.	FULL MAIDEN NAME	Jessie Blanche King
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Filed Oct 10 1913 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

DEC 20 1[illegible]

JAN 21 1944

853-20-1035-459

1. PLACE OF BIRTH

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16762

County of Nez Perce

City of Lewiston

No. 1716, 9 St.

Hospital

Registration District No. 9c

File No.

Primary Registration District No. 1009

Registered No. 28

FULL NAME OF CHILD Nadine Hazle Helmbold

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Sept 10, 1913

FATHER	MOTHER
FULL NAME Ed James Helmbold	FULL MAIDEN NAME Bertha E Mensald
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Atlantic Ocean — German Descent
OCCUPATION Butcher	OCCUPATION Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

(Signature) Edgar L White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Oct 10 1918 L J Beckett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

653-217-035-766

CE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of Nezperce / Lewiston
Registration District No. 96
File No. 16763

No. 1847 7th ave S,
Primary Registration District No. 1009
Registered No. 29

Hospital

FULL NAME OF CHILD Marjorie anna Dillon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		one	yes	Sept 17, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer Dillon	Mary Powell
RESIDENCE	Lewiston	Lewiston
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 24	white / 18
BIRTHPLACE	michigan	Missouri
OCCUPATION	Plumber	Housewife

Number of child of this mother, including present birth 1
Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Inman
(Physician or ~~Midwife~~)
Address Lewiston

Given names added from a supplemental report

....., 19.....

Filed Oct 10 19 13 L J Perkins
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

JAN 28 1943

795-218-035-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 129, 18th Ave St.

Hospital Residence

Form V. S. No. 11-C [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16764

Registration District No 9 File No.

Primary Registration District No. 1009 Registered No. 30

FULL NAME OF CHILD Sybil Pingree

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	no	Yes	Sep. 18 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank R. Pingree	Prudence Pingree
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	31
BIRTHPLACE	Columbus, Wis	Kentucky
OCCUPATION	Collector	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child, is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Whitford M.D.

(Physician or Midwife)

Given names added from a supplemental report

Lewiston, Ida, Sep 27, 1913

Address 20 Main St. Lewiston

Filed Oct 10 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

FEB 5 1975

JAN 1 9 1994

STATE OF IDAHO

Bureau of Vital Statistics

AUG 2 2 1962

MARGIN RESERVED FOR BINDING

WRITE CLEARLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted] 16760

City of Lewiston

Registration District No. 96 File No.

No. 616 - C. St.

Primary Registration District No. 1009 Registered No. 31

Hospital

FULL NAME OF CHILD Maxine Alma Riggs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Riggs	FULL MAIDEN NAME	Anna Grimm
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Labour	OCCUPATION	House wife

Number of child of this mother, including present birth 10th Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed Oct 10 1913 L. J. Perkins

Registrar

Registrar

B-Y CO. 20174

[illegible]

[illegible]

[illegible]

[illegible]

OCT 17 1958

SEP

Amended 4-8-64 (Be sure the information is complete and accurate)

State File No. 16766
Local Reg. No. 32
Reg. Dist. No. 96

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): St. Joseph's Hospital

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Lloyd; b. (Middle) Benjamin; c. (Last) Avery

4. SEX: M.

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): September 22, 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Archer; b. (Middle) B.; c. (Last) Avery

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Wisconsin

11a. USUAL OCCUPATION: Proprietor Garage

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Clara; b. (Middle); c. (Last) Lommasson

13. COLOR OR RACE: White

14. AGE (At time of this birth): 20 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Washington

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Paul W. Johnson
18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Clarkston, Wash.
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 10, 1913
20. REGISTRAR'S SIGNATURE: L. J. Perkins
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:
22b. WEIGHT AT BIRTH:
23. Was a standard serological test for syphilis performed? yes [ ] no [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth ~~or Death~~

RECEIVED APR 2 1964 Bureau of Vital Statistics

State of Washington } ss.
County of King

Certificate No. 16766

Date Filed

The undersigned does solemnly swear that certain ~~facts~~ on the certificate of Birth (Birth or Death)

for Loyd Avery (Name on Original Certificate) who was born (Was Born or Died) on Sept. 23, 1913 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of ~~his~~ her knowledge, the true facts are shown by Marriage certificate, Navy discharge, Father's death certificate (Bible Record, Insurance Policy, Etc.) prepared on 9/1/36, 12/18/45, 1/4/37 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Loyd Avery	Lloyd Benjamin Avery
Child's Date of Birth	Sept. 23, 1913	September 22, 1913
Father's First Name	Archie	Archer

Subscribed and sworn to before me this 16th day of March, 19 64

Alice M. Krenzel

Notary Public, residing at Seattle

My commission expires Nov. 1, 1966

(Seal)

Signed Helen Lommasson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

404 E Harrison St., Seattle, Wash.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 18 day of March, 19 64

O. Olsen

Notary Public, residing at Portland

My commission expires NOTARY PUBLIC IN AND FOR MY COMMISSION EXPIRES Nov. 22, 1965

(Seal)

Signed Signer Lommasson

(Signature of Any Credible Person)

2457 N E Glisan St., Portland, Ore.

(Street Address, City, State)

FORM DH 60-155 CL 3-13-63. one copy pd. rec. #01637.

Certificate of Marriage, #53104A, married Sept. 7, 1936 at Spokane, Washington gives full name of groom as Lloyd Benjamin Avery, age 22, born in Idaho, parents-Archer Benjamin Avery and Clara Iommasson and Kathleen Virginia Tobyn, age 23, born in Washington, parents-John Albert Tobyn and Agnes Henrietta Taxelins - viewed by V.S.

Cert. Copy of Father's Death Certificate, State of California, copy issued Jan. 21, 1964 gives full name as Archer B. Avery, died Jan. 4, 1937 at ~~Spokane~~ San Francisco, California, born July 14, 1884 at Eau Claire, Wisconsin - married to Clara Avery - viewed by V.S.

Honorable Discharge, United States Navy, December 18, 1945 gives full name as Lloyd Benjamin Avery, born Sept. 22, 1913 at Iewiston, Idaho - date of induction Sept. 27, 1943 - viewed by V.S.

Statement from A. I. Parker, principal of The Iewis and Clark High School, Spokane, Washington, dated January 7, 1964 states "This is to certify that Lloyd Avery entered Iewis and Clark High School from the Grant High School in Portland, Oregon on September 8, 1927 and attended until his graduation January 23, 1931. At the time of enrollment he gave us the following personal information: parent-A.B. Avery; address-W. 1424 Montgomery; Birthdate-September 22, 1913." - viewed by V.S.

293-225-035

PLACE OF BIRTH

Form V. S. No. 11-C—10m-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

16767

County of Nez Perce

City of Lewiston

No. 822, 7th St.

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 33

Hospital

FULL NAME OF CHILD Alice May Kilham

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—		—	Yes	Sept 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Horace Kilham	FULL MAIDEN NAME	Clara Herod
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	California	BIRTHPLACE	Kansas
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Oct. 10 1913 L.J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

BYNS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. Mod. [illegible]Dm-Dec7-83

STATE OF IDAHO

PLACE OF BIRTH

46-127-075-213

Public V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

File No. 16768

Registration District No. 9c

Primary Registration District No. 1009 Registered No. 34

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 0207 - 24th St.

Hospital

FULL NAME OF CHILD Joseph Dominick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Sept 27 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Cassetto, Dominick	FULL MAIDEN NAME	Ida Salvia
RESIDENCE	Lewiston	RESIDENCE	Lewiston Ida
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Oct. 10 19 13 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DUP OF 13-35514/6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3/4 - 130 - 035 - 419

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. St Josephs Hospital St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 16769

Primary Registration District No. 1009 Registered No. 35

FULL NAME OF CHILD Taylor Earnest Claud

Sex of Child male	Twin, Triplet, or other? single and Number in order of birth 1st (To be answered only in event of plural births)	Legitimate? yes	Date of birth Sept (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W Taylor	FULL MAIDEN NAME	Mattie Martin
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Norway
OCCUPATION	Bridgeworker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carsson MD

(Physician or Midwife)

Given names added from a supplemental report

19

Registrar

Address 570 Main St

Filed Oct 10 1913 L. J. Perkins Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] 035793

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1620, 8th Avenue St.

Hospital No

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 16770

Primary Registration District No. 1009 Registered No. 35

FULL NAME OF CHILD Pauline Marion Gilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 20, 1913

FATHER		MOTHER	
FULL NAME	George F Gilson	FULL MAIDEN NAME	Clarice E Gilson
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	[redacted] Ills	BIRTHPLACE	Broad Ford Wis
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8—a. m. on the date above stated.

(Signature) F O Bowman M D

(Physician or Midwife)

Address Lewiston Idaho

Filed Oct. 10 1918 [redacted]

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

AUG 4 1959

MAR 9 1976

FEB 2 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County Frank [redacted]

City of Preston

Registration [redacted] 27

File No. 16771

No. ..... St.

Primary [redacted] District No. 2119

Registered No. 127

Hospital .....

FULL NAME OF CHILD Ray Raucher

Sex of Child	Twin Triplet or other?	Legitimate?	Date of Birth
Male	(To be answered only in [redacted] births)	yes	Sept (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Rolley Ray Raucher	FULL MAIDEN NAME	Sarrah Matt
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Sarah Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Preston Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10/11 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

Form U.S. No. 1.C—Rev. 1-54

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

816-226-021-791

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16772

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 112

FULL NAME OF CHILD Clara

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Fred Hawkes	FULL MAIDEN NAME	Florence Pratt
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho

Filed Oct 19 13 Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUL 1 7 1975

253-125-021-397

PLACE OF BIRTH

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16773

Primary Registration District No. 2II9 **Registered No.** 113

Clifford Porden

FULL NAME OF CHILD BECKSTEAD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert Beckstead	FULL MAIDEN NAME	Ellen Tippets
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Brigham, Utah	BIRTHPLACE	
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho

Filed Oct 19 13 Allan R. Cutler Registrar

3-7 GD. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 4 - 1953

281-215-001-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16774

Primary Registration District No. 2119 **Registered No.** 114

FULL NAME OF CHILD LOIS SHAFFER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	9 (Month) 15 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: John Martin Shaffer	FULL MAIDEN NAME: Julia Ann Nelson
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Millvill Utah.	BIRTHPLACE: Grantsville, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 10-11 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of FRANKLIN }

Certificate No. 16774

Date Filed JAN 30 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for UNNAMED SHAFFER (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on SEPT. 15th 1913 (DATE OF EVENT) in PRESTON, IDAHO. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on NOV. 2, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Shaffer	Lois Shaffer

Subscribed and sworn to before me this 20th day of January 1942

Notary Public, residing at Preston, Idaho.

My commission expires 9/18/1945.
(SEAL)

Signed Julia Anna Nelson Shaffer MOTHER.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

PRESTON, IDAHO.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 30 1942 By .....
(REGISTRAR'S SIGNATURE)

819.112.003-143

PLACE OF BIRTH

[redacted]

11-C—20m-2-15-12

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 27 File No. 16775

Primary Registration District No. 2II9 Registered No. 115

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	9 (Month) I2 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William F. Hardwick	FULL MAIDEN NAME: Francis C. Jackson
RESIDENCE: Oxford, Idaho	RESIDENCE: Oxford, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 3I (Years)
BIRTHPLACE: Weston, Idaho.	BIRTHPLACE: Beaver City, Utah
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:55A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed Sept. 1913 Allen R Culter Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Amended 5-24-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16776
Local Reg. No. 119
Reg. Dist. No. 27

1. PLACE OF BIRTH
a. COUNTY: Franklin
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverdale
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverdale
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Muriel
b. (Middle):
c. (Last): Evans

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 8 - 7 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Isaac
b. (Middle): Morgan
c. (Last): Evans

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Veleria
b. (Middle):
c. (Last): Larsen

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Kisha Dunn

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Logan, Utah

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-4-1913

22. REGISTRAR'S SIGNATURE: Allen R. Cutler

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
MAY 6 1968
Bureau of Vital Statistics

Certificate No. 16776

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Murel Larsen Evans (Name on Original Certificate) who was born (Was Born or Died) on August 7, 1913 (Date of Event)

in Riverdale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	Murel Larsen Evans	Muriel Evans

Subscribed and sworn to before me this 24 day of April, 1968

[signature]

Notary Public, residing at Rutan Ranch

My commission expires 6/7/69

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] West [illegible] Logan

(Street Address, City, State)

[illegible]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Preston Ida

(Street Address, City, State)

FORM DH 60-155

CL. 4-16-68. 2 copies paid.

L.D.S. Certificate of Baptism and Confirmation, Aug. 7, 1921, gives full name as Muriel Evans, daughter of Isaac M. Evans and Veleria Larsen born Aug. 7, 1913 at Riverdale, Idaho - viewed by VS.

Civil Service Designation, Change, or Revocation of Beneficiary, June 10, 1944, gives full name as Muriel Evans Wendt, born August 7, 1913, lists beneficiary as Roy E. Wendt, Husband - viewed by VS.

719-110-021-697

Form V. S. No. 11-C—20m

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 16777

Primary Registration District No. 2119 Registered No. 126

FULL NAME OF CHILD Bob Wilson Parkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	G. T. Parkinson	FULL MAIDEN NAME	Florence L. Wilson
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Coalville Utah	BIRTHPLACE	Ogden Ut.
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson

Preston Ida. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10/11 1913 Allen R. Cutler Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] F BIRTH MAR 15 [redacted]

483-21 71021-255

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Arbow

Registration District No. 27

File No. 16778

No. ....., ... St.

Primary Registration District No. 2119

Registered No. 116

Hospital .....

FULL NAME OF CHILD Emma Myler

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	8 17 1913

FATHER		MOTHER	
FULL NAME	Frank Myler	FULL MAIDEN NAME	Mabel Beebe
RESIDENCE	Arbon, Idaho	RESIDENCE	Arbon, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Weston, Idaho

Filed 10/4 1913 Allen R. Lewis

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

DEC 13 1971

253-123-021-866

PLACE OF BIRTH

County of Franklin

City of Weston

No. _____, _____ St.

Hospital _____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. N[redacted]

Registration District No. 27 File No. 16779

Primary Registration District No. 2117 Registered No. 117

FULL NAME OF CHILD Howard Kelson

Sex of Child: Male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Aug (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Kelson	FULL MAIDEN NAME	Hanna Hooper
RESIDENCE	Weston Ida.	RESIDENCE	Weston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Denmark	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Tuick

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Weston, Idaho

Filed 10/4 1913 Allen R Cutler Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 12 1961

PLACE OF BIRTH

665-23-02-339

PLACE OF BIRTH

County of Franklin

City of Weston

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Carmen Tonnesbeck

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

Registration District No. 27 File No. 16780

Primary Registration District No. 2119 Registered No. 118

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	8 31, 191 3

FATHER		MOTHER	
FULL NAME	James W. Tonnesbeck	FULL MAIDEN NAME	Rosa Lindin
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) R. W Quick

Physician (Physician or Midwife)

Address Weston, Idaho.

Filed 10/4 19 13 Allen Carter Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

689-222-021-386

PLACE OF BIRTH

Form V. S. No. 11-C-2[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Fairview

No. ..... St.

Hospital .....

Registration District No. 27 File No. 16781

Primary Registration District No. 2119 Registered No. 123

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 22 1913

FATHER	MOTHER
FULL NAME: William M Whittle.	FULL MAIDEN NAME: Bertha Thompson
RESIDENCE: Fairview, Idaho	RESIDENCE: Fairview, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Richmond, Utah.	BIRTHPLACE: Richmond, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Whittle

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 10/11 19 13 Allen R Ruter Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-219-021-553

PLACE OF BIRTH

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Crrek,

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16782

Primary Registration District No. 2119 **Registered No.** 124

FULL NAME OF CHILD Geneva Annie Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept. 19, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: L.P. Larsen	FULL MAIDEN NAME: Carrie Nelson
RESIDENCE: Mink Crrek, Idaho,	RESIDENCE: Minkcreek, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 49 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Plesant Grove, Utah.	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: House wife,

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1. A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 10/11 1913 [signature] *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

2

SEP 13 1974

599-218-021-847

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16783

Primary Registration District No. 2119 **Registered No.** 123

FULL NAME OF CHILD Barbara Erickson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Erickson	FULL MAIDEN NAME	Margaret M. Hughes
RESIDENCE	Banida Idaho	RESIDENCE	Banida, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bear River City, Utah,	BIRTHPLACE	Samaria, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. White

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 10/11 1913 Allen R. Culter Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-111-021-816

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16784

Primary Registration District No. 2119 **Registered No.** 122

FULL NAME OF CHILD James Charles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James E. Keller	FULL MAIDEN NAME	Vera Florence Hawkes,
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mink Crrek , Idaho	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Farmer.,	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L W Sates

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 10/11 1913 Allen R Leutta Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

154-205-21-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 16785

Primary Registration District No. 2119 **Registered No.** 121

Etta Dixon

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 5 1913

FATHER	MOTHER
FULL NAME Lorenzo Anderson	**FULL MAIDEN NAME** Etta Dickson.
RESIDENCE Banida, Idaho.	**RESIDENCE** Banida, Idaho
COLOR White	**AGE AT LAST BIRTHDAY** 35 (Years)
COLOR White	**AGE AT LAST BIRTHDAY** 33 (Years)
BIRTHPLACE Clifton, Idaho	**BIRTHPLACE** Clifton, Idaho
OCCUPATION Farmer.	**OCCUPATION** Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born aline (Born alive or stillborn) at 5.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician (Physician or midwife)

Address Preston, Idaho

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed 10/11 19 13 Allen L. Cutler *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Xm-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Copy of)

319-137-021-364

Form V. S. No. 11-C—20m-2-15-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 16786

Primary Registration District No. 2119 Registered No. 120

FULL NAME OF CHILD Eugene Comish Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Martin Larsen	FULL MAIDEN NAME	Nellie Comish
RESIDENCE	Whitney, Idaho	RESIDENCE	Whitney, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Franklin, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sates

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 10/11 1913 Allen R Culter Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1959

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 8

312-2/8-2/9-3/4

PLACE OF BIRTH

County of Canyon

City of New Plymouth

Registration District No. 5 File No. 16787

No. ..... St.

Primary Registration District No. 2009 Registered [illegible]

Hospital .....

FULL NAME OF CHILD Bertha Lavina Castles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				Yes	Sept 18 [illegible]

FATHER		MOTHER	
FULL NAME	Thomas Castles	FULL MAIDEN NAME	Alvira Pauley
RESIDENCE	New Plymouth Ida.	RESIDENCE	with husband
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	COLOR	W.
OCCUPATION	farmer	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Kansas.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn) on the date above stated. at 10 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Wm J. Drysdale M.D.

(Physician or midwife)

Address New Plymouth Ida.

Filed Oct. 19.13 Wm J Drysdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

JUL 30 1950

MARGIN RE[illegible] FOR BINDING

WRITE PLAINLY, WITH UNFA[illegible] THIS IS A PERMANENT RECOR[illegible]

N. B. In case of more than one child at b[illegible] RETURN must be made for each and the number of [illegible] stated.

PLACE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 16788

Primary Registration District No. 2009 Registered No. .....

FULL NAME OF CHILD (not named) Whittet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	Sept 2 1913

FATHER		MOTHER	
FULL NAME	John A. Whittet	FULL MAIDEN NAME	Ruth Lucile ~~Whittet~~ Bullard
RESIDENCE	New Plymouth Ida	RESIDENCE	with husband
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Minn.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jennie M. Tyler (neighbor) (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address New Plymouth Ida

Filed Sept 19 13 Wm T Snyder Registrar

R-Y CO. 20174

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

799 [redacted] 22-612

PLAC[redacted]

S[redacted]

BUREAU [redacted]

CER[redacted]

County of [redacted]mont

City of Driggs

Registration District No. 9 77

File No. 16789

No. ..... St.

2176

Primary Registration District No. ~~2037~~

Registered No. 1

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ JAMES EARL Price

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	aug. 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Nelson Price	FULL MAIDEN NAME	Winnie Wasson
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	carpenter	OCCUPATION	housekeeper

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive at 7-30-a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Idaho

Filed aug. 21 1913 M P Crisler Sub Registrar

..... Registrar

S-Y CO. 24658

[redacted]

OCT 16 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California, } ss. Certificate No. 16789
County of San Bernardino, } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Laurel James Price (Name on Original Certificate) who was born (Was Born or Died) on August 20, 1913, (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Laurel James Price	James Earl Price

Subscribed and sworn to before me this 13th
day of Oct, 1942
J. H. Buchanan
Notary Public, residing at San Bernardino, Calif.
My commission expires Sept 10 - 1945
(Seal)

Signed Winnie Belle Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
825 "D" St San Bernardino
(Street Address, City, State)
Calif

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Bernardino }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of Oct, 1942
J. H. Buchanan
Notary Public, residing at San Bernardino, Calif.
My commission expires Sept 10 - 1945
(Seal)

Signed James N Price
(Signature of Any Credible Person Other Than Previous Year)
825 "D" St San Bernardino
(Street Address, City, State) Calif.

OCT 19 1942

199-117-022-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16790

Registration District No. 9 77 File No. .....

Primary Registration District No. 2037 2176 Registered No. 2

FULL NAME OF CHILD Driggs.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Aug 17 1913

FATHER		MOTHER	
FULL NAME	Ben Driggs.	FULL MAIDEN NAME	Elizabeth Langton
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Lawyer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. P. Crisler

Physician

(Physician or midwife)

Address Driggs Idaho

Filed Aug 22 1913 M. P. Crisler

Registrar

S-Y CO. 24698

PLACE OF BIRTH

551-223-022-719

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. F 77 File No. 16791

Primary Registration District No. ~~2031~~ 2176 Registered No. 3

FULL NAME OF CHILD Myrtis Evans

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Aug 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel R. Evans	FULL MAIDEN NAME	Lottie Parker
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	north carolinia	BIRTHPLACE	north carolinia
OCCUPATION	Farmer	OCCUPATION	house keeper

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive at 8 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Cisler

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs, Ida

Filed Sept 1 1913 M P Cisler

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1942

386-112-022553

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont,

City of Driggs.

No. ..... St.

Hospital .....

Registration District No. 77 9

File No. 16792

Primary Registration District No. 2176 ~~2037~~

Registered No. .....

FULL NAME OF CHILD Rao Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	Aug 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. J. Thompson	FULL MAIDEN NAME	Ida Nelson,
RESIDENCE	Driggs, Ida	RESIDENCE	Driggs, Ida
COLOR	AGE AT LAST BIRTHDAY 39 (Years)	COLOR	White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	house keeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs, Idaho

Filed Aug 16 1913 M. P. Crisler, Sub Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

COLOR

243-204-02-113

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

Registration District No. 77

File No. 16793

No. ..... St.

Primary Registration District No. 2176 2(13)

Registered No. 5

Hospital .....

FULL NAME OF CHILD Colonial Butler

Sex of Child	Twin, Triplet or other? (To be answered only in cases of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1913

FATHER	MOTHER
FULL NAME: Marion Butler	FULL MAIDEN NAME: Ethel Jackson
RESIDENCE: Driggs	RESIDENCE: Driggs
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keirt
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed Sept 1 1913 M P Crisler
Registrar

S-Y CO. 24658

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 25 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-208-082-619

PLACE OF BIRTH

County of Fremont-

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [redacted]

Registration District No. 77 9

File No. 16794

Primary Registration District No. 2176 ~~2037~~

Registered No. 6

FULL NAME OF CHILD Eunice Lucy Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	Aug 8 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eli Curtis	Lucy Anne Wood
RESIDENCE	Victor	Victor
COLOR	White	White
AGE AT LAST BIRTHDAY	43 (Years)	34 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:20 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Address Driggs

Given names added from a supplemental report.

..... 19.....

Filed Sept 1 1917

Tom P. Crisler
Sub Registrar

..... Registrar

9-Y CO. 24695

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

659.106.022-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tremont

City of Palisade

No. ..... St.

Hospital .....

Registration District No. 77 7

File No. 16795

Primary Registration District No. 2176 ~~2037~~

Registered No. 7

FULL NAME OF CHILD Jesse Elmo Tennin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Tennin	FULL MAIDEN NAME	Mary S. Brown
RESIDENCE	Palisade	RESIDENCE	Palisade
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Penn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Diggs

Filed Sept 1 1913 Tom P Crapler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1948

3-022-893

PLACE OF BIRTH

Form V. S. No. 11-C—25m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Freeman

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 9

2176

Primary Registration District No. ~~2037~~

File No. 16796

Registered No. 8

FULL NAME OF CHILD Florence Kennedy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	July (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm B. Kennedy	FULL MAIDEN NAME	Laura Hill
RESIDENCE	Twin Falls	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Optician	OCCUPATION	Nothing

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira D Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed Aug 1 1913 Wm P. Crisler Sub Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

5/14/41 L. B.

243-128 022-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [illegible]

Registration District No. 77 9

File No. 16797

Primary Registration District No. 2116 2037

Registered No. 9

FULL NAME OF CHILD Butler Derwood Saville

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gary Butler	FULL MAIDEN NAME	Jennie Beesley
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Day laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:10 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs

Filed Aug 1 1913 M P Crisler

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]

PLACE OF BIRTH

2 1 1942

499-223-022-255

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 -9

Primary Registration District No. 2116 ~~237~~

Registered No. 10

FULL NAME OF CHILD Mary Louise Driggs.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		yes	June 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Seland M. Driggs	FULL MAIDEN NAME	Annie Louise Beers
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs

Filed Aug 1 1913 M. P. Crisler, Sub. Registrar

..... Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-220-022-845

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

No. ..... St.

Hospital .....

Registration District No. 77 7

File No. 10799

2176

Primary Registration District No. ~~2037~~

Registered No. 11

FULL NAME OF CHILD Cordon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	July (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Perl Cordon	FULL MAIDEN NAME	Zella Hunter
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:55 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Driggs, Idaho.

Filed Aug 1 1913 M. P. Crisler
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

386-129022

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted]HO

[redacted] Statistics

CERTIFICATE OF BIRTH

16800

County of Fremont

City of Haden

No. ....., ... St.

Hospital .....

Registration District No. 77 ~~9~~ 2176

Primary Registration District No. ~~2037~~

File No. [redacted] 12

Registered No. 12

FULL NAME OF CHILD June Thompson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	June 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford W. Thompson	FULL MAIDEN NAME	Bessie Higgens
RESIDENCE	Haden Idaho	RESIDENCE	Haden Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	St. George Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Tetonia, Ida.

Filed July 2 1913 M. P. C. [illegible]

[illegible] Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-323338

MARGIN RESERVED FOR BI[illegible]

WRITE PLAINLY WITH UNFADING INK—THIS IS A P[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

[illegible]ggs

Registration District No. 77 7 File No. [illegible]

[illegible] St. 2176

Primary Registration District No. 7031 Registered No. 13

[illegible] CHILD Kersley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
[illegible]		Yes	July 12 [illegible]

FATHER		MOTHER	
FULL NAME	[illegible] A. Kersley	FULL MAIDEN NAME	May A Ha[illegible]
RESIDENCE	Victor, Ida	RESIDENCE	Victor, Ida
COLOR	White AGE AT LAST BIRTHDAY 36 (Years)	COLOR	White AGE AT LAST BIRTHDAY [illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

Physician (Physician or midwife)

Given names added from a supplemental report.

[illegible] Douglas, Idaho

July 17 1913 M. P. Crisler M.

Registrar Sub Registrar

8-Y DO. 84[illegible]

JUL 3 0 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

County of [illegible]

Registration District No. 77 File No. [illegible]

No. No 1, St.

2176

Primary Registration District No. 2037 Registered No. 14

Hospital

FULL NAME OF CHILD Glen Pryse

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	July 19, 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jhon M Pryse	FULL MAIDEN NAME	Lucy Smith
RESIDENCE	Driggs R D No 1	RESIDENCE	Driggs R D No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Lee Co. Kentucky	BIRTHPLACE	Lee Co Kentucky
OCCUPATION	Farmer	OCCUPATION	Hans Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

Midwife (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Driggs R D No 1

Filed July 22 1913 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

[redacted]

[redacted]

759-117-023-717

PLACE OF BIRTH

County of Fremont

City of Haden

No. ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. ... No. ...

16803

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 15

FULL NAME OF CHILD Cordon Perkins

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Date of birth
male	yes	Sept 17 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Charles A. Perkins	FULL MAIDEN NAME Elsie Page
RESIDENCE Haden, Idaho	RESIDENCE Haden, Idaho
COLOR White — AGE AT LAST BIRTHDAY 45 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Montreal, Canada	BIRTHPLACE Danville, Vermont
OCCUPATION Carpenter	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 1 at a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 2 1913 M. P. Cristo
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FULL
MAIDEN
NAME

869-129-022-493

Form V. S. No. 1[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Freemont

City of

No. St.

Hospital

Registration District No. 77 File No. 16804

Primary Registration District No. 2176 Registered No. 16

FULL NAME OF CHILD Harrop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Harrop	FULL MAIDEN NAME	May Miller
RESIDENCE	Tetonia	RESIDENCE	Tetonia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:40 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician (Physician or midwife)

Given names added from a supplemental report.

19

Address Dingo

Filed Oct. 2 1913 M. P. Crisler

Registrar Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

AGE AT LAST BIRTHDAY

AGE

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTHPLACE

319-125-0021-753

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. N

CERTIFICATE OF BIRTH

16806

County of Fremont

City of Driggs RD

Registration District No. 77

File No.

No. St.

Primary Registration District No. 2176

Registered No. 18

Hospital

FULL NAME OF CHILD Dallas Earl Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lehas Larsen	Annie Peterson
RESIDENCE	Driggs RD	Driggs RD
COLOR	White	White
AGE AT LAST BIRTHDAY	44 (Years)	41 (Years)
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 14 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:00 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Driggs

Filed Oct. 2 1913 Tom. P. Crisler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/16/40 L. B.

162-223-022-113. Child's middle name amended 05-01-06 ns

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Freemont

City of Bates

No. ..... St.

Hospital .....

Registration District No. 77 File No. 16807

Primary Registration District No. 2176 Registered No. 19

FULL NAME OF CHILD Elda ~~Camilla~~ Pernella Josephson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
~~Male~~ Fem		Yes	Sept 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Josephson	FULL MAIDEN NAME	Amanda Jacobson
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:55 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dingap

Filed Oct 2 1913 M. O. Crisler

Registrar Registrar

S-Y-CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho } ss
County of Madison

Certificate No. 13-16807
Date Filed October 2, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for Elda Camilla Josephson (Name on Original Certificate) who was born (Was Born, Died, etc.) on September 23, 1913 (Date of Event)
in Bates (Fremont Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's middle name	Camilla	Pernella

Subscribed and sworn to before me this 28th day of April 2006
Notary Public, Tamara J Cooper
Residing at [illegible]
My commission expires 1/24/12
(Seal)

Elda Pernella Josephson
Signature of Applicant

P.O. Box 394 Sugar City Id. 83448
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss
County of

(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of

Notary Public,

Residing at

My commission expires
(Seal)

Signature of Applicant

Street Address, City, State and Zip

02-03-06

LDS CERT OF BLESSING FOR ELDA PERNELLA JOSEPHSON BORN 09-23-13 IN BATES FREMONT CO DATED 11-02-13 VIEWED BY VS

UT MARRAGE CERT FOR FRANCIS MERRILL CLAYBURN AND ELDA PERNELLA JOSEPHSON MARRIED 09-21-32 IN SALT LAKE CITY TEMPLE VIEWED BY VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-219.022-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Diggs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 16808

Primary Registration District No. 2176 Registered No. 20

FULL NAME OF CHILD Mabel Knight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sept. 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Knight	FULL MAIDEN NAME	Mary Jensen
RESIDENCE	Diggs	RESIDENCE	Diggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Diggs

Filed Oct. 2 1913 M. P. Crisler
Registrar

Registrar

S-Y CO. 24658

Fremont

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16808

Date Filed .....

3 42 AM '77

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unname Knight (Name on Original Certificate) who was born (Was Born or Died) on Sept. 19, 1913 (Date of Event)

in Driggs (Clawson) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on ~~March 28, 1977~~ April 27, 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs first name	omitted	Mabel Knight

Subscribed and sworn to before me this 30 day of March, 1977

Notary Public, residing at Sugar City, Idaho

My commission expires 9-1-78

(Seal)

Signed Florence K. Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 114 Sugar City, Idaho 83448
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1977

Notary Public, residing at Sugar City, Idaho

My commission expires 9-1-78

(Seal)

Signed Alice K. Wilding
(Signature of Any Credible Person)

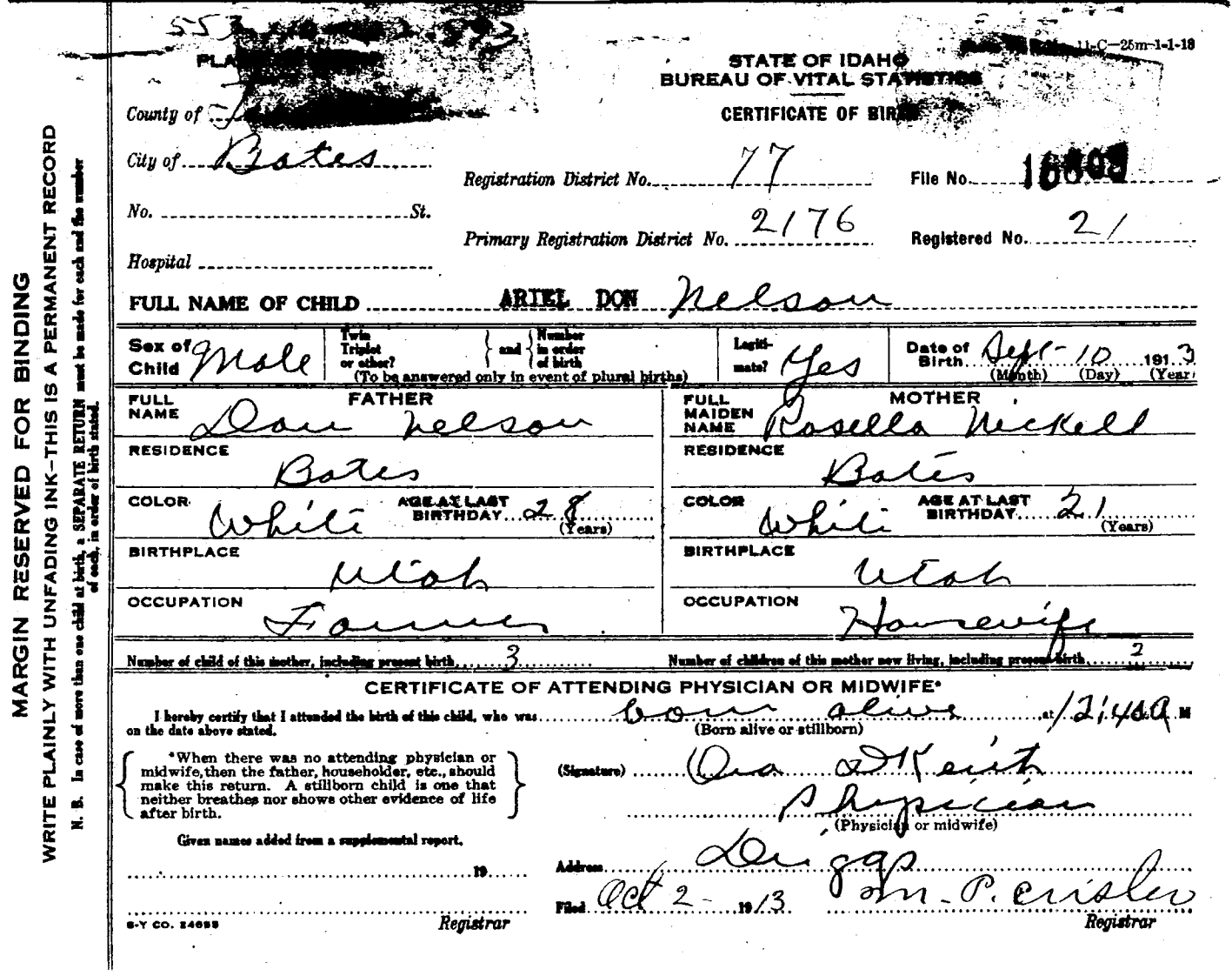
115 Sugar City Idaho 83448
(Street Address, City, State)

FORM DH 60-155

— no corresp — 3-16-77 fc

Membership record from the LDS Church gives nameas Mabel Knight Price born Sept. 19, 1913 in Clawson,Idaho. father's name as Charles W. Knight and mother's name as Mary H. Jensen. Blessed Nov 2, 1913 and Baptized Sept 2, 1922. viewed by V. S.

Own duaghter's birth certif on file in Idaho (#209404) gives name of child as Bonnie Delores Price born Jan 17, 1933. father's name as Chalres Rulon Price and mother'sname as Mabel Knight. viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553 [illegible]

PLA[illegible]

[illegible] 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Bates

No. ..... St.

Hospital .....

Registration District No. 77

File No. 16[illegible]

Primary Registration District No. 2176

Registered No. 21

FULL NAME OF CHILD ARIEL DON Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Don Nelson	FULL MAIDEN NAME	Rosella Nickell
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Dingap

Filed Oct 2 1913 M. P. Crisler
Registrar

Registrar

S-Y CO. 24655

PLACE OF BIRTH

AGE AT LAST BIRTHDAY

COLOR

AGE AT LAST BIRTHDAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of TETON

Certificate No. 16809

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Artel Don Nelson (Name on Original Certificate) who born (Was Born or Died) on 9-18-13 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Artel~~ Don Nelson
		Ariel Don Nelson

Subscribed and sworn to before me this 1st
day of September, 19 43

Notary Public residing at Driggs, Idaho

My commission expires 8-10-47
(Seal)

Signed Rose Ella Nelson (Mrs.)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Driggs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Teton

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of September, 19 43

Notary Public, residing at Driggs, Idaho

My commission expires 8-10-47
(Seal)

Signed Samuel T. Lloyd
(Signature of Any Credible Person Other Than Previous Year)

Driggs, Idaho
(Street Address, City, State)

SEP 4 1943

SEP 7 1943

391-109 022-365

Form V. S. No. II-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16810

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 22

FULL NAME OF CHILD WENDELL DEE Crandall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie Crandall	FULL MAIDEN NAME	May Colvin
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D Keith
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Driggs Ida

Filed Oct 2 1913 M. P. Crisler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16810

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for (unnamed) Crandall (Name on Original Certificate) who born (Was Born or Died) on September 9, 1913 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security card prepared 5-19-38 (Bible Record, Insurance Policy, Etc.) daughter's birth certificate born 6-11-[illegible] (Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	(unnamed) Crandall	Wendell Dee Crandall

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed W. H. Crandall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ada }
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of
February, 1956

Signed Marion Powell
(Signature of Any Credible Person)

Mary E. Borgheathaus
Notary Public, residing at Boise, Idaho
My commission expires 7-20-59
(Seal)

908 Jefferson St.
(Street Address, City, State)
Boise Idaho

FORM DPH 55 155

OCT 23 1968

666-122-0022-442

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____, ____ St.

Hospital Home

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 77 2176 2087 File No. 16911

Primary Registration District No. ____ Registered No. 23

FULL NAME OF CHILD Wood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		yes	9 22 1913

FATHER		MOTHER	
FULL NAME	G E Wood	FULL MAIDEN NAME	Dina Duston Wood
RESIDENCE	Bates	RESIDENCE	Bates
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho Bates	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Mother

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 a m. on the date above stated.

(Signature) Emily J Beesley

Midwife (Physician or Midwife)

Address Driggs, Ida.

Filed Sept 27 1913 M P Crisler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

331-213-022-965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

* County of Fremont

City of Clawson

No ....., ... St.

Registration District No 77 File No. 16812

Primary Registration District No 2176 Registered No. 24

Hospital .....

FULL NAME OF CHILD Edna Merrie Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	December 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Forrest Hyrum Clark	Rhoda Irene Donaldson
RESIDENCE	Clawson	Clawson Idaho
COLOR / AGE AT LAST BIRTHDAY	white 42 (Years)	white 39 (Years)
BIRTHPLACE	Cache Co Utah	Meridon Utah
OCCUPATION	Rancher	Home Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M E Clark

Midwife (Physician or Midwife)

Address Clawson Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 23 1913 M. P. Crisler Registrar

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

File No.

Registered No.

893-230-022-497

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 77

Primary Registration District No. 2176

File No. 16813

Registered No. 25

FULL NAME OF CHILD Ethel Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	aug 30 1913

FATHER		MOTHER	
FULL NAME	John W. Hill	FULL MAIDEN NAME	Ira Dixon
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	merchant	OCCUPATION	housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

Physician
(Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept 4 1913 M P Crisler
Registrar

B-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

14-014-315

BIRTH

Form V

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Canyon

City of Payette Registration District No. 4 File No. 16814

No. ....., ... St.

Primary Registration District No. 1008 Registered No. 263

Hospital

FULL NAME OF CHILD Frank Rollin Spaulding

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	one	2	yes	Sept 14, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rollin Spaulding	FULL MAIDEN NAME	Cordelia Cannon
RESIDENCE	Calgaria Can	RESIDENCE	Stevinsville Mont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bickelton Wash	BIRTHPLACE	Stevinsville Mont
OCCUPATION	Clerk Car Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. Barton M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Payette Ida

....., 19.....

Filed Sept 17 1913 J. C. Woodward Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

215-21-0014-623

PLACE OF BIRTH AMENDED APRIL 2, 1954

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
City of
No. St.
Hospital

Registration District No. 4 File No. 16815
Primary Registration District No. 1008 Registered No. 264

FULL NAME OF CHILD BERTHA LEONDINA BAER
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Sept. 11, 1903

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER

FULL NAME: Ferdinand Baer
RESIDENCE: 2½ Miles SE of Payette
COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Russia
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Leondina Oster
RESIDENCE: With Husband
COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Russia
OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) O. H. Avey
Physician (Physician or midwife)
Address Payette, Idaho

Filed Sept. 20 1903 J. C. Woodward Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 16815
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bertha Leondina Baer
Date	Aug 11	Sept. 11th

Subscribed and sworn to before me this 16th day of August, 1948.

E. W. Hammond
Notary Public, residing at Payette Ida
My commission expires Aug 12-1948
(Seal)

F. Baer
Leondina Baer
Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Payette Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 1948.

Mabel Helgert
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs F Baer Mother
(Signature of Any Credible Person Other Than Previous Year)

Payette, Idaho
(Street Address, City, State)

AUG 18 1944

439-21-4-01K-491

PLACE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 16816

Primary Registration District No. 1008 Registered No. 265

FULL NAME OF CHILD Myrtle Cecil McEntire

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept. 14 1913

FATHER	MOTHER
FULL NAME J. B. McEntire	FULL MAIDEN NAME Flassie Draper
RESIDENCE Klamath Falls, Oregon	RESIDENCE with husband
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Sept 20 1913 J. C. Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 2 1 1944

666-220-014-469

PLACE OF BIRTH

Form V. [redacted]

[redacted]TICS

CER[redacted]ICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4 File No. 16817

No. ..... St.

Primary Registration District No. 1008 Registered No. 266

Hospital .....

FULL NAME OF CHILD Ardis Marguerete Woodward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem		Yes	Sep. 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse Charles Woodward	FULL MAIDEN NAME	Elizabeth M. Morgan
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Physician	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Payette Idaho

Sep 20 1913 J. C. Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

06

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

382-125-019

PLACE OF BIRTH

Form V.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 439 S Twelfth St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 16818

Registered No. 267

FULL NAME OF CHILD. Unnamed

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 25 1913

(To be answered only in event of plural births)

FATHER

FULL NAME: Chas. H. Lesler

RESIDENCE: 439 S. Twelfth St. Payette

COLOR: White

AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: New York.

OCCUPATION: Salesman in Second Hand Store

MOTHER

FULL MAIDEN NAME: Ella Pearl Kay

RESIDENCE: 439 S. Twelfth St. Payette

COLOR: White

AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Sep 25 1913 J. C. Woodward
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

315-217-014-2 [redacted]

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

Registration District No. 4 File No. 16819

No. ....., ... St.

Primary Registration District No. 1008 Registered No. 268

Hospital .....

FULL NAME OF CHILD Lois Alma Lanfear

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Sept. 17, 1913

	FATHER		MOTHER
FULL NAME	William F. Lanfear	FULL MAIDEN NAME	Lois Ophie Schamberger
RESIDENCE	Fruitland, Idaho	RESIDENCE	Fruitland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Weese

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Ontario, Oregon

Filed Sep 26 1913 J. C. Woodward Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17 1954

917-225-014-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 16820

No. _____ St.

Primary Registration District No. 1008

Registered No. 269

Hospital _____

FULL NAME OF CHILD Helen Rogland

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	one (and)	one	yes	Oct 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Everett Rogland	FULL MAIDEN NAME	Rubie Smith
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Monroe Co Ind	BIRTHPLACE	Higbee Mo
OCCUPATION	Horse man	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or dead) at 12½ A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O Barton MD

(Physician or midwife)

Address _____

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct 4 1913 J C Woodward Registrar

8-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 18 1962

193,129,01K-765

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... *St.*

Hospital .....

Registration District No. 4 **File No.** 16821

Primary Registration District No. 1008 **Registered No.** 270

FULL NAME OF CHILD Fred Lee Mitchell

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Sept. 29, 1913 (Month) (Day)

FATHER	**MOTHER**
FULL NAME Richard B. Mitchell	**FULL MAIDEN NAME** Anna Goeller
RESIDENCE Payette, Idaho	**RESIDENCE** Payette, Idaho.
COLOR White **AGE AT LAST BIRTHDAY** 42 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 29 (Years)
BIRTHPLACE Mo.	**BIRTHPLACE** California
OCCUPATION Merchant	**OCCUPATION** Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Woodward

Phys.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette, Idaho.

Filed Sept. 29, 1913 J. C. Woodward
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 13 1942

JAN 6 1955

433-126-014-493

Form V. S. No. 11-C-1

PLACE OF BIRTH

County of Canyon

City of Payette

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 16822

Primary Registration District No. 1008 Registered No. 271

FULL NAME OF CHILD Calvin McCammon

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	✓	5	Yes	9 (Month), 26 (Day), 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O L McCammon	FULL MAIDEN NAME	Viola Miller
RESIDENCE	Cambrige Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Pa	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 09 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Crouch

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Payette Idaho

Filed Oct 2 1913 J C Woodward Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 22 1945

291-116-019 294

[redacted] BIRTH

[redacted]ster

City of Challis

No. ..... St.

Hospital .....

STATE OF IDA[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIR[redacted]

[redacted] No. 11-C—20m-2-15-12

Registration District No. 14 File No. 16823

Primary Registration District No. 2061 Registered No. 98

FULL NAME OF CHILD Baby Bradshaw

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jas Bradshaw	FULL MAIDEN NAME	Myrtle Bruno
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kelley M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Challis

Filed Sept 26th 1913 C. L. Kirtley Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

318-203-019-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-8-15-13

PLACE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 111 File No. 16824

Primary Registration District No. 2161 Registered No. 100

FULL NAME OF CHILD Baby Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 3 1913

FATHER

FULL NAME: Alva D. Taylor

RESIDENCE: May

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Colorado

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Goldie Henline

RESIDENCE: May

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Neb.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelly M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Challis Ida

Filed Oct 7th 1913 C. D. Herr

..... Registrar

Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4-218-019-763

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 14 File No. 16825

Primary Registration District No. 3061 Registered No. 99

FULL NAME OF CHILD Baby Blumer Marie Anna Blumer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Sept 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. Blumer.	FULL MAIDEN NAME	Henrietta Pollman
RESIDENCE	May.	RESIDENCE	May.
COLOR	white AGE AT LAST BIRTHDAY 36 (Years)	COLOR	white AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M. D. (Physician or midwife)

Address Challis

Filed Sept 26 1913 C. L. Kirtley Registrar

Registrar

Those names added from a supplemental report

..... 19.....

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIR

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 16825

State of Washington }
County of Pierce } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marie Anna Blumer (Name on Original Certificate) who was Born (Was Born or Died) on September 13, 1913 (Date of Event)
in May, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marie Anna Blumer

Subscribed and sworn to before me this 22nd
day of June, 1943

J. B. Thobel
Notary Public, residing at Tacoma, Wash.
My commission expires April 1, 1945
(Seal)

Signed William Blumer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Harlowton Montana
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, }
County of Pierce, } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this Eighth
day of February, 1943

H. P. Brownell
Notary Public, residing at [illegible]
My commission expires April 27, 1946
(Seal)

Signed [illegible]
(Signature of Any Credible Person Other Than Previous Year)
2616 East Valley Seattle
(Street Address, City, State)

319-107-019-234

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-1

County of Custer

City of Challis

[illegible] District No. 14

File No. 16826

No. ..... St.

[illegible] Registration District No. 2061

Registered No. 102

Hospital

FULL NAME OF CHILD Baby Carr

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 7, 1913

FATHER		MOTHER	
FULL NAME	Jno. Carr.	FULL MAIDEN NAME	Minnie Blume
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Mo.	BIRTHPLACE	Minn
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelly

M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Challis

Filed Oct 7th 1913 [illegible] Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

755-126-019-235

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of

No. St.

Hospital

Registration District No. 14

File No. 16827

Primary Registration District No. 2060

Registered No. 101

FULL NAME OF CHILD (not named) Peel

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept. 26/13 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marion Peel	FULL MAIDEN NAME	Lucy Stevens
RESIDENCE	East Fork	RESIDENCE	East Fork
COLOR	Wh.	COLOR	Wh.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	H wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Peel (father)

(Physician or midwife)

Given names added from a supplemental report

19

Address Clayton, Ida.

Filed Oct. 10th. 1913

C. L. Hirtley
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-8-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Custer

16-003-319

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-2-1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted] Bannock

City of McCammon

Registration District No. 11 File No. 16828

No. St.

Primary Registration District No. 2047 Registered No. 253

Hospital

FULL NAME OF CHILD ~~[illegible]~~ Jessie Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9-16-1913

FATHER		MOTHER	
FULL NAME	Wm. Harris	FULL MAIDEN NAME	Helen Lauren
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Woodruff Utah	BIRTHPLACE	Chicago
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper
Physician
(Physician or midwife)

Given names added from a supplemental report

19

Ellis Harvey
Registrar

Address McCammon Ida

Filed Oct 10, 1913 Ellis Harvey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING [redacted]K—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. II-C-Rev.-1-48

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

312-225-003-962

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16828

No. ....., ... St.

Primary Registration District No. 2046

Registered No. [illegible]

Hospital

FULL NAME OF CHILD Susan Lake ~~Baby~~ Lake - A.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month)
female		yes	Sept (Day)

FATHER		MOTHER	
FULL NAME	Jas, R. Lake	FULL MAIDEN NAME	Nora Rosdale
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	2[illegible] (Years)
BIRTHPLACE	Clarkston, Ut.	BIRTHPLACE	Millville, Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Pond

(Physician or Midwife)

Given names added from a supplemental report

Address Downey, Idaho.

..... 19.....

Ellis Kaney Registrar

Filed Oct 1[illegible] 1913 Ellis Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ....., ... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2046

File No. 16830

Registered No. 2

FULL NAME OF CHILD Ralph Clifford Kendall

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 7, 191 (Year)
Male		yes	

FATHER		MOTHER	
FULL NAME	Chas. A. Kendall	FULL MAIDEN NAME	Laura Taylor
RESIDENCE	Downey, Idaho	RESIDENCE	Downey, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmen	OCCUPATION	House-wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3. 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Pond

(Physician or ~~Midwife~~)

Given names added from a supplemental report

K

..... 19.....

Ellis Kaney Registrar

Address Downey, Idaho.

Filed Oct 16, 1913 Ellis Kaney Registrar

S-Y CO., 16870

Form V. S. No. U-C--15m (5-20-41)

STATE OF IDAHO

PLACE OF BIRTH

DEC 18 1941

154-106-007-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ....., ... St.

Hospital .....

Registration District No. 2 11 File No. 16831

Primary Registration District No. 2046 Registered No. 246

FULL NAME OF CHILD Oscar Swen Anderson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Aug 6 1913

FATHER		MOTHER	
FULL NAME	Andrew Anderson	FULL MAIDEN NAME	Kate Quigley
RESIDENCE	Oxford	RESIDENCE	Oxford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Brigham City utah	BIRTHPLACE	Swan Lake Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendell

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Oxford

Ellis Kacey Registrar

Filed Oct 10, 1913 Ellis Kacey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF, 1913 - 308160

866-211-003-155

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16832
Local Reg. No.
Reg. Dist. No. 11

Amended 8/16/78

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Downey
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Venetta
b. (Middle): Andrea
c. (Last): Howell

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Sept 11, 1913

FATHER OF CHILD

Time: 5 P.M.

7. FULL NAME
a. (First): Wm.
b. (Middle): Leo.
c. (Last): Howell

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Woodruff, Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Andrea
b. (Middle):
c. (Last): Jensen

13. AGE (At time of this birth): 22 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Weston, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. W. Pond
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct 10, 1913
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

11-13-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 31 11 08 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 16832

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Lea Andrea Howell (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1913 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs firs name	Lea	Venetta

Subscribed and sworn to before me this 8th day of March, 1972

Notary Public, residing at Rocan, Mont.
My commission expires Sept 22/1972
(Seal)

Signed X [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of January, 1974

[signature]
Notary Public, residing at Pocatello, Idaho
My commission expires 4-15-75
(Seal)

Signed [signature]
(Signature of Any Credible Person)

208 North Grant Pocatello Ida
(Street Address, City, State)

FORM DH 60-155 CC (H)

Family group record for William Leo Howell and Andrea Boletts Jensen gives child's name as Venetta Andrea Howell born Spetl. 11, 1913 at Downey, Idaho. Baptized Spet 11, 1921. viewed by V. S.

Marriage certif from LDS Church gives name as Venetta Andrea Howell and groom's name as Edgar XXXX Franklin Brower. married on Sept 28, 1939 and Sealed April 29, 1940. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

85/-10[illegible]

PLACE OF BI[illegible]

STAT[illegible]

Bureau of [illegible]

CERTIFICATE OF [illegible]

16833

County of Bann[illegible]

City of Downey.

Registration District No. 11

File No.

No. ....., ... St.

Primary Registration District No. 2046

Registered No. 142

Hospital .....

FULL NAME OF CHILD ~~Martin~~ Harold Yeaman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Sept. 2, 1913

FATHER	MOTHER
FULL NAME: Andrew J. Yeaman	FULL MAIDEN NAME: Mary Bloxham
RESIDENCE: Downey, Idaho.	RESIDENCE: Downey, Idaho.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: ~~Downey, Idaho.~~	BIRTHPLACE: ~~Downey, Idaho~~
OCCUPATION: Salesman	OCCUPATION: House-wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alivb (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carper W. Pond

(Physician or ~~Midwife~~)

Address Downey, Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kaercy
Registrar

Filed Oct 10, 19 13 Ellis Kaercy
Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate No. 16833

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Martin Herald (Name on Original Certificate) who born (Was Born or Died) on Sept. 2, 1913 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by church record (Bible Record, Insurance Policy, Etc.) prepared on April 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Martin Herald	Harold Yeaman

Subscribed and sworn to before me this 21st day of May, 19 42

Notary Public, residing at Burley, Idaho

My commission expires Feb. 1, 1946
(Seal)

Signed Andrew J. Yeaman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Cassia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of October, 19 42

Notary Public, residing at Burley, Idaho

My commission expires Feb. 1, 1946
(Seal)

Signed Frank Tanfield
(Signature of Any Credible Person Other Than Previous Year)

Burley, Idaho.
(Street Address, City, State)

OCT 2 8 1942

366-[redacted]

Form V. S. No. [redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 **File No.** 16834

No. ....., ... *St.*

Primary Registration District No. 2046 **Registered No.** 241

Hospital .....

FULL NAME OF CHILD Barney Newbold Lowe

Sex of Child: male	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth 19 (Month), Sept (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	James E. Lowe	FULL MAIDEN NAME	May Newbold
RESIDENCE	Downey Idaho.	RESIDENCE	Downey, Idaho.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	Smithfield, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Pond

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Downey, Idaho.

Filed Oct 10, 1913

Ellis Kaley
Registrar

Ellis Kaley
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

612-230-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16835

No. ....., ... St.

Primary Registration District No. 3046

Registered No. 240

Hospital .....

FULL NAME OF CHILD Verna Ann Wakley

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
X		yes	Sept 30 1913

FATHER		MOTHER	
FULL NAME	Jno Willard Wakley	FULL MAIDEN NAME	Cora Barnes
RESIDENCE	Downey, Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Downey, Ida	BIRTHPLACE	Kaysville, Ut.
OCCUPATION	Harness	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cusper W Pardno

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Downey

Ellis Kasky Registrar

Filed Oct 10, 1913 Ellis Kasky Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386-126-003-685

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11

File No. 16836

No. ....., ... St.

Primary Registration District No. 2046

Registered No. 239

Hospital .....

FULL NAME OF CHILD Max Whit Thomas

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Sept 26, 1913

FATHER		MOTHER	
FULL NAME	Nathaniel Eli Thomas	FULL MAIDEN NAME	Susan Whit
RESIDENCE	Downey Ida	RESIDENCE	Downey, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Richmond Ut	BIRTHPLACE	Ogden Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Bunch

Ellis Kanty
Registrar

Filed Oct 14 1913 Ellis Kanty
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II-C - Item-C-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

536-130-003-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16837

Registration District No. 11 File No. ____

Primary Registration District No. 2048 Registered No. 252

FULL NAME OF CHILD Ernie Lloyd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	yes	Sept 30, 1913

FATHER		MOTHER	
FULL NAME	John Lloyd	FULL MAIDEN NAME	Nellie Nelson
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

(Physician or Midwife)

Address Soda Springs Idaho

Given names added from a supplemental report

____, 19____ Ellis Kaney Registrar

Filed Oct 10, 1913 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & SDRS 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

395-130-003-123

Form V. S. No. 11-C-20

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 16838

Primary Registration District No. 2048 Registered No. 254

FULL NAME OF CHILD Russell Greer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Reed Greer	FULL MAIDEN NAME	Laura E. Aston
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft

Ellis Hanley Registrar

Filed Oct 10, 1913 Ellis Hanley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1962

653-128-007-815

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lund

No. ..... St.

Hospital .....

Registration District No. 11 File No. 16839

Primary Registration District No. 2048 Registered No. 255

FULL NAME OF CHILD Lawney Welch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Judson C. Welch	FULL MAIDEN NAME	Emma Hansen
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. K. Smith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Ida

Eric Kasey Registrar

Filed Oct 16, 1913 Eric Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2M-8-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

954-219-003-456

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16840

County of Bannock

City of Hatch

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 256

Hospital

FULL NAME OF CHILD Madge Redford

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Sept 19 1913

FATHER		MOTHER	
FULL NAME	Robert L. Redford	FULL MAIDEN NAME	Lizzie Dewsnup
RESIDENCE	Hatch	RESIDENCE	Hatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	— Unfy

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. J. Smith

(Physician or midwife)

Given names added from a supplemental report

Address Bancroft Ida.

19

Ellis Kaley Registrar

Filed Oct 19, 1913 Ellis Kaley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME CHANGE

DUP OF 1913 D 54-414

493.129.003.45

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Wayan

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 16841

Primary Registration District No. 2048 Registered No. 251

FULL NAME OF CHILD Charles Miller

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—	—	—	Yes	Sep 29, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Miller	FULL MAIDEN NAME	Anna Dunnell
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 49 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Gray

Eris Kasey
Registrar

Filed Oct 19, 1913 Eris Kasey
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. [illegible] 10m-62-71

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

867-1[illegible]

PLACE O[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of B[illegible]

City of Soda Springs

Registration District No. 11 File No. 16842

No. ....., ... St.

Primary Registration District No. 2048 Registered No. 250

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ ROBERT KENNETH Hopkins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	yes	Sep 21st, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Hopkins	FULL MAIDEN NAME	Susan Harrell
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	M	COLOR	M
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Wyoming
OCCUPATION	Steam Shovel Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elis Kaucly

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Soda Springs

Elis Kaucly Registrar

Filed Oct 10, 1913 Elis Kaucly Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Calif } ss.
County of Kern

Certificate No. 16842

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who was Born (Was Born or Died) on sept 21 - 1913 (Date of Event)
in Bakersfield Calif (Place of Event) erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record prepared on Sept 25 - 1913, are: (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Hopkins	Hopkin
Name	Frank	Robert Kenneth Hopkin

Subscribed and sworn to before me this 12th
day of June 19 42

A. D. Taylor
Notary Public, residing at Bakersfield Calif.
My commission expires Mar 12 - 1946
(Seal)

Signed Alice E. Hopkin Formerly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1424 Palm Drive Bakersfield Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif } ss.
County of Kern

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of June 19 42

A. D. Taylor
Notary Public, residing at Bakersfield Calif.
My commission expires Mar 12 - 1946
(Seal)

Signed C R Parker
(Signature of Any Credible Person Other Than Previous Year)
1500 18th St
(Street Address, City, State)
Bakersfield, Calif.

JUN 16 1942

JUN 18 1942

292-105-003-415

MARGIN RESERVED FOR B[illegible]NG

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bannock

City of Gold Spring

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 16843

Primary Registration District No. 2048 Registered No. 249

FULL NAME OF CHILD Elvis Sibbett

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	yes	Oct 5, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Saml Sibbett	FULL MAIDEN NAME	Emma Donnell
RESIDENCE	Gray	RESIDENCE	Gray
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 12 — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elvis Kaneley

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Elvis Kaneley Registrar

Address Gold Spring

Filed Oct 10 1913 Elvis Kaneley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

753-105-003-253

PLACE OF BIRTH

County of Bannock

City of Mink Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-4-13

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16844

Primary Registration District No. 2048 Registered No. 248

FULL NAME OF CHILD Alvin Petersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	1913 (Year)
Male				yes	Oct	5	

FATHER

FULL NAME Peter Alvin Petersen

RESIDENCE Mink Creek

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Mink Creek

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Sarah Theresa Keller

RESIDENCE Mink Creek

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Mink Creek

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kacey
Registrar

(Signature) Serena Christensen

Midwife
(Physician or midwife)

Address Mink Creek

Filed Oct 14 19 13 Ellis Kacey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-3-1918

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of .....)

dup of 1913-DS1-2125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659 [illegible]

PLACE OF BIRTH

[redacted] ATISTICS

[redacted] RTH

16845

County of Bannock

City of Bancroft

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. 2048 Registered No. 247

Hospital _____

FULL NAME OF CHILD Gordon A. Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Sept 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eli Kelsey Ferguson	FULL MAIDEN NAME	Mary Helen Creer
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr. C.W.&M.Co	OCCUPATION	— wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith

Bancroft (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address _____

Ellis Kaney Registrar

Filed Oct 16 1913 Ellis Kaney Registrar

S-Y CO. 20174

PLACE OF BIRTH

OCT 11 1943

313-110-008-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

Registration District No. 11 File No. 16846

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 228

Hospital ____

FULL NAME OF CHILD James Leland Cackun

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Oct. 10, 1913 (Month) (Day) (Year)
M			

FATHER	MOTHER
FULL NAME Orin Cackun	FULL MAIDEN NAME Julia Mullen
RESIDENCE Soda Springs	RESIDENCE Soda Springs
COLOR W	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Idaho	COLOR W
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 38 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Wife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12 — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaney

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Kaney
Registrar

Filed Oct. 10, 1913

Ellis Kaney
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

715-110-003-318

PLACE OF BIRTH

Amended 3-9-78

County of Bannock

City of Perry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16847

Primary Registration District No. 2048 Registered No. 227

FULL NAME OF CHILD Lorin Panter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Oct (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Richard Panter	FULL MAIDEN NAME	Magie Rosetta Cahoon
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11, a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton Idaho

Eeris Kaukly Registrar

Filed Oct 10, 1913 Eeris Kaukly Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
Received 3-3-76

MAR 1 2 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 15 11 57 AM '78
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16847

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorin Panther (Name on Original Certificate) who was born (Was Born or Died) on Oct 10, 1913 (Date of Event)
in Perry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name & middle name	Panther, Lorin L.J.P.	Panter, Lorin John L.J.P.
father's name L.J.P.	Charles Richard Panther	Charles Richard Panter

Subscribed and sworn to before me this 13th day of February, 1978.

Notary Public, residing at Soda Springs, Id.
My commission expires 3-15-79
(Seal)

Signed X Lorin John Panter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X Stanley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 4/7/76 nm

Certificate of Blessing dated Dec. 15, 1913 gives name as John Lorin Panter son of Gharles R. Panter and Margaret Cahoon born October 10, 1913 and blessed Dec. 7, 1913 in L.D.S.Church.

Application to Beneficial Life Ins. Company gives name asLorin John Panter age 48 when appl was issued Feb. 22, 1960. Birthdate is also given as October 10, 1913
Viewed by V.S.

MAR 9 1978

363-124-003-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 11 File No. 16848

Primary Registration District No. 2048 Registered No. 231

FULL NAME OF CHILD Robert Carver Cole

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ezra James Cole	FULL MAIDEN NAME	Edith Ellen Carver
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Willard, Boxelder, Utah	BIRTHPLACE	Hyde Park, Cashle, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton, Idaho

Eris Kanly Registrar

Filed Oct 10, 1913 Eris Kanly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1943

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

ORIG

318-230-403-915

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16849

County of Bannock

City of Cleveland

No. _____ St.

Hospital _____

Registration District No. 11 File No. _____

Primary Registration District No. 2048 Registered No. 230

FULL NAME OF CHILD Nellie Dean Cahoon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Sept (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Alvro Cahoon	FULL MAIDEN NAME	Cloe Elizabeth Ransom
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Thatcher Idaho	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Treasureton Idaho

Eleis Kaeckly Registrar

Filed Oct 10, 1913 Eleis Kaeckly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]

STATE OF IDAHO
[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CAUSE

762-202-003-759

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 16850

Primary Registration District No. 2048 Registered No. 232

FULL NAME OF CHILD Evelyn Lost

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Sept 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lost	FULL MAIDEN NAME	Rosetta Gerber
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Idaho

Eris Karcy Registrar

Filed Oct 10, 1913 Eris Karcy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. M-C—80m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

997-212-003-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 16851

Primary Registration District No. 2048 Registered No. 234

FULL NAME OF CHILD Vera Rigby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Sept 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Aaron Rigby	FULL MAIDEN NAME	Susie Burke
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 3[illegible] (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Tennessee
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R J Smith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft

Ellis Kaarley Registrar

Filed Oct 10, 1913 Ellis Kaarley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

819-111-003-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16852

County of Bannock

City of Bancroft

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 233

Hospital

FULL NAME OF CHILD Roosevelt Taft Harrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Sept 11 1913

FATHER	MOTHER
FULL NAME Robert J. Harrison	FULL MAIDEN NAME Leah Casperson
RESIDENCE Bancroft	RESIDENCE Bancroft
COLOR W	AGE AT LAST BIRTHDAY 28 (Years)
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Salesman Studebaker Bro	OCCUPATION Nurse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 10 M. on the date above stated.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Address Bancroft

Filed Oct 10, 1913 Ellis Kaney Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Ellis Kaney Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form T.S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

OCT 28 1975

666-106-003-753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16853

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 235

FULL NAME OF CHILD Arthur Fowler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur C. Fowler	FULL MAIDEN NAME	Jennie Peck
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	w AGE AT LAST BIRTHDAY 25 (Years)	COLOR	w AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	— wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr J Routh

(Physician or midwife)

Address Bancroft Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed Oct 10 1913 Ellis Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 8 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

35K-127-003-964

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 11 File No. 16854

Primary Registration District No. 2048 Registered No. 236

Hospital

FULL NAME OF CHILD Albert Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Aug 27 1913

FATHER		MOTHER	
FULL NAME	Wilford T. Lewis	FULL MAIDEN NAME	Sarah J. Romriell
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R Smith

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kaisley Registrar

Filed Oct 16 1913 Ellis Kaisley Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

962-216-003-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Central

Registration District No. 11 File No. 16855

No. ..... St.

Primary Registration District No. 2048 Registered No. 237

Hospital .....

FULL NAME OF CHILD Mildred A. Rosdahl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Sept 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W. Rosdahl	FULL MAIDEN NAME	Anna Anderson
RESIDENCE	Central	RESIDENCE	Central
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	— Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R J Smith

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Ida

Ellis Kaisley Registrar

Filed Oct 10, 1913 Ellis Kaisley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1967

PLACE OF BIRTH

Form V.S. No. 11-C-60m-5-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MOTHER

249-286-003-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16856

County of Bannock

City of Bancroft

No. ..... St.

Registration District No. 11 File No. .....

Primary Registration District No. 2048 Registered No. 238

Hospital .....

FULL NAME OF CHILD Helen Louise Burns

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Sept 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles J Burns	FULL MAIDEN NAME	Bertha Schneider
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	— Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 10/a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19.....

Elis Kaykly Registrar

Filed Oct 10 1913 Elis Kaykly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MAY 10

FATHER

MOTHER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible] 11-C—20m-8-15-[illegible]

PLACE OF BIRTH

154-104-003-155

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. [illegible]

Primary Registration District No. 2048 Registered No. 229

FULL NAME OF CHILD ~~[illegible]~~ Glenn Chris Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Oct (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Anderson	FULL MAIDEN NAME	Hannah Perrina Jensen
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Weston Utah	BIRTHPLACE	Cleveland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:35 A.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Loudgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton Idaho

Filed Feb 10, 1913

Ellis Kaufly Registrar

Ellis Kaufly Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding }

SEP 22 1942

Certificate No. 16857
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for GlennChris Anderson (Name on original certificate) who born (Was born or died) on October 4, 1913 (Date of event)
in Cleveland, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Kresten Anderson	Glenn Chris Anderson

Subscribed and sworn to before me this 22nd
day of September, 19 42.

Notary Public, residing at Wendell, Idaho
My commission expires April 1, 1943
[SEAL]

Signed (mother) Hannah Nina Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Wendell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of September, 19 42.

Notary Public, residing at Wendell, Idaho
My commission expires April 1, 1943
[SEAL]

Signed E. E. Anderson
(Signature of any credible person other than the previous affiant.)

RFD #2 - Wendell, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

SEP 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-1 [redacted] 62-434

PLACE [redacted]

County of [redacted]lls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16858

Registration District No. 2085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lee Godfrey Stettler Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Godfrey Stettler	FULL MAIDEN NAME	Lyda Alice McMaster
RESIDENCE	Kimberly, Ida	RESIDENCE	Kimberly Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Ida

Filed 10-3 1913 John L. Conglier Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLAC[illegible]

County of [illegible]

9-13-4

466-216-042-394

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dooley

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	9 16 1913

FATHER		MOTHER	
FULL NAME	R. C. Dooley	FULL MAIDEN NAME	Lyda Trueblood
RESIDENCE	Twin Falls Ida.	RESIDENCE	Twin Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Pike

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls Ida.

Filed 9-25 1913 John H. Coughlin Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]-8-11

368-212-042-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 2085 File No. 16860

Primary Registration District No. Registered No.

FULL NAME OF CHILD Ethel Lohr

Sex of Child	~~Twin Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	9	Yes	Sept 12 1913

FATHER		MOTHER	
FULL NAME	Geo. B. Lohr	FULL MAIDEN NAME	Sophronia L Martz
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 12-1913, at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Twin Falls

Filed 10-1 1913 John H. Coughlin
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16860
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Lohr (Name on Original Certificate) who born (Was Born or Died) on Sept. 12, 1913 (Date of Event) in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Cert. (Bible Record, Insurance Policy, Etc.) prepared on July 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	U.S. Senate Chamber Card Washington D.C.-April 1, 1930 Viewed by v.s.	
Child's Name	Unnamed Lohr	Ethel May Lohr
Birthdate	September ~~13~~ 12 1913	September ~~13~~ 12, 1913

Subscribed and sworn to before me this 3rd day of March, 1958

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Sophronia Lee Lohr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March 1958, 19..

James S. Kinney
Notary Public, residing at .....
My commission expires .....
(Seal)

JAMES S. KINNEY, NOTARY PUBLIC
RESIDING AT TWIN FALLS, IDAHO
MY COMMISSION EXPIRES SEPT. 5, 1960

Signed [signature]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DPH 55.155

NNCL 1-23-58 1 copy paid

MAR 27 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

20m-2-15-12

City of _____ Registration District No. 2085 File No. 16861

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD LAWRENCE EDWIN NELSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy	2	Yes	Sept 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor Nelson	FULL MAIDEN NAME	Tina Bochm
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Sweden	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept. 13 - 1913, at 11 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan

(Physician ~~or midwife~~)

Given names added from a supplemental report

Address Twin Falls

_____ 19____

Filed 10-1 1913 John H. Cornelius
Registrar

Registrar

S-Y CO. 20174

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls } ss. OCT 31 1941

Certificate No. 16861
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Lawrence Edwin Nelson (Name on original certificate) who was born (Was born or died) on September 12, 1913 (Date of event)
in Twin Falls, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Nelson	Lawrence Edwin Nelson
Maiden name of mother	Lena Boelin	Tena Boehm

Subscribed and sworn to before me this 28th
day of October 1941
Geo. M Paulson
Notary Public, residing at Twin Falls, Idaho
My commission expires June 9, 1942
[SEAL]

Signed Tena Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#2, Twin Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of October 1941
Geo. M Paulson
Notary Public, residing at Twin Falls, Idaho
My commission expires June 9, 1942
[SEAL]

Signed Lucy Nelson
(Signature of any credible person other than the previous affiant.)
R#2, Twin Falls, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 3 AUN

944-118-042-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 16862

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD WILLIAM LEONARD RUDE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	3	Yes	Sept 18 1913

FATHER		MOTHER	
FULL NAME	Wm Rude	FULL MAIDEN NAME	Alice Sandhan
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Twin Falls	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tot Boyd

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls Idaho

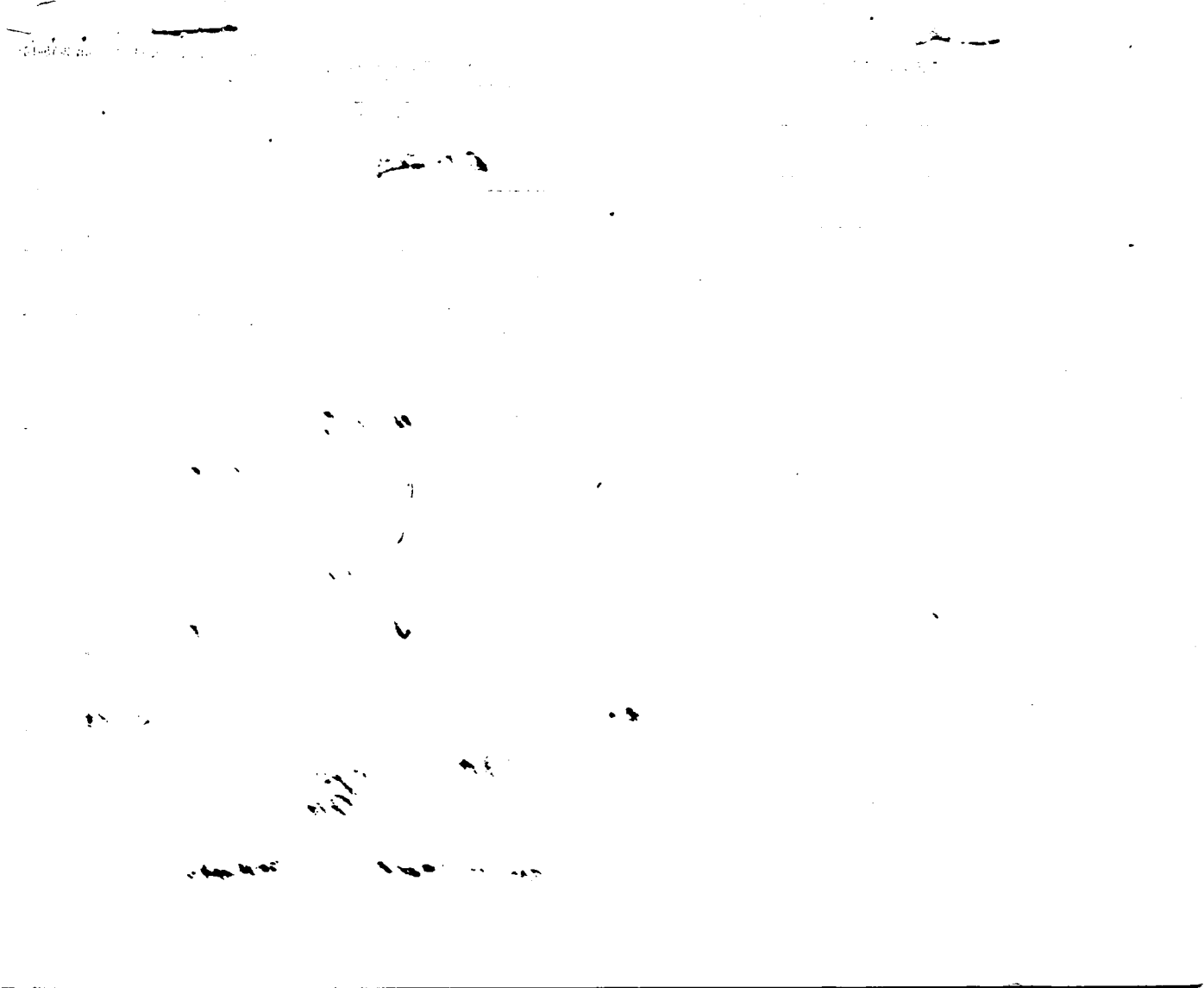
Filed 9-25 1913 John W. Engleman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 16862

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) death for "unnamed" Rude (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 16, 1916 (DATE OF EVENT) in Boise Falls (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by unnamed policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Leonard Rude

Subscribed and sworn to before me this 16th day of February, 1942

Dorothy M. Gray

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943

(SEAL)

Signed James E. Rude (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

911 O'Farrell Boise, Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 1942

Dorothy M. Gray

Notary Public, residing at Boise, Idaho

My commission expires Oct. 26, 1943

(SEAL)

Signed Mrs. James Rude (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

911 O'Farrell St. Boise, Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

OCT 1 6 1975

291-111-04

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16863

Registration District No. 2085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Noy Elbert Brackett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Sept. 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	N. E. Brackett.	FULL MAIDEN NAME	Ora Duncan.
RESIDENCE	Threecreek	RESIDENCE	Threecreek Ida.
COLOR	w. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	w AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Texas
OCCUPATION	rancher.	OCCUPATION	H. W.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Louchek

Physician (Physician or midwife)

Address Twin Falls Idaho.

Filed 9-20 1913 John L. Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 3 1967

APR 23 1968

2 4 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16863

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Brackett (Name on Original Certificate) who was born ; (Was Born or Died) on Sept. 11, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Noy Elbert Brackett

Subscribed and sworn to before me this 8th day of
Lehman, 1974
Corinne Stafford
Notary Public, residing at Kimberly, Idaho
My commission expires 6-15-76
(Seal)

Signed Roy E. Brackett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Ann Lee Brackett born April 11, 1941 at Twin Falls, Idaho, State file # 312849, gives fathers name as Noy Elbert Brackett:
Viewed by VS

FEB 8 1974

Application to the Equitable Life I^N^s. Co. gives name as Noy Elbert Brackett. born Sept. 11, 1913 in Idaho. date signed ~~xxx~~ 3/9/60 viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...IRTH

STATE OF IDAHO

...au of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No ..... St.

Hospital .....

Registration District No 1085 File No. 16864

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary, Lewis Bryant, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 4 1913

FATHER	MOTHER
FULL NAME L. B. Mary	FULL MAIDEN NAME Willam M. Waynick
RESIDENCE Twin Falls Ida.	RESIDENCE Twin Falls Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 2[illegible] (Years)
BIRTHPLACE North Carolina	BIRTHPLACE North Carolina
OCCUPATION Grocery Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. F. Pike

Physician
(Physician or Midwife)

Address Twin Falls Ida.

Filed 9-10 19 13 John L. Coughlan
Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. [illegible] Rev. 9-41

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death) for Lewis Bryant Wall Jr (Name on original certificate) who Born (Was born or died) on Sept 4 - 1913 (Date of event) in Twin Falls City (Place of event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (Bible record, insurance policy, etc.) prepared on 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
No Name on Orig. Certificate all else OK.	None	Lewis Bryant Wall Jr. Sept. 4, 1913

Subscribed and sworn to before me this 28th day of July, 1941

Franklin B. Smith
Notary Public, residing at Boise

My commission expires Sept 19, 1942
[SEAL]

Signed Lewis Bryant Wall Sr
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

403 - 3rd Ave. N. Twin Falls
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Ada

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 1941

Franklin B. Smith
Notary Public, residing at Boise

My commission expires Sept 19, 1942
[SEAL]

Signed Wallace Myrtle Wall Mother
(Signature of any credible person other than the previous affiant)

403 - 3rd Ave N. Twin Falls
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

JUN 2 2 1987

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of _____

No. _____ St.

Hospital _____

Registration District No. 1085 File No. 16865

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Alfred Charles, Longley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	yes	Sept 17 1913

FATHER		MOTHER	
FULL NAME	Chas. O. Longley	FULL MAIDEN NAME	May Gongea
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Sept 17-1913 (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report

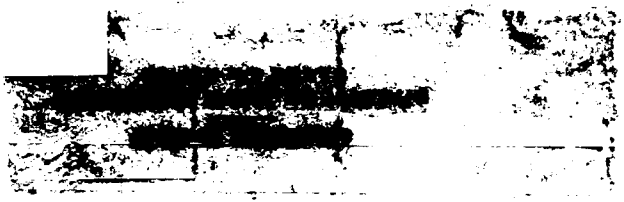
Address Twin Falls

19

Filed 10-1 1913 John H Coughlin Registrar

Registrar

S-Y CO. 20174



PLACE OF BIRTH

JUL 18 1951

399-230-042-155

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. _____ St.

Hospital _____

[redacted]

16866

Registration District No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Sept (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Crist	FULL MAIDEN NAME	Anna Jensen
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wisconsin	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. O. Boyd

MD (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Twin Falls, Idaho

Filed 16-5 1913 John H. Coughlin Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

APR 21 1969

962-211-042-413

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

[redacted] 16867

Registration [redacted]

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Elizabeth Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	1	Yes	Sept (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edwin J Roberts	FULL MAIDEN NAME	Evelyn Daly
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Civil Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tot Boyd

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Idaho

Filed 9-20 1913 John L Coughlin Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1961

PLACE OF BIRTH

County of

460-126-042-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 16868

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	yes	Sept 26 1913

FATHER		MOTHER	
FULL NAME	Geo M Davis	FULL MAIDEN NAME	Etta Leanor Gray
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	N Y
OCCUPATION	Mechanic	OCCUPATION	Married Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd MD

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-5 1913 John H Coughlan Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
CUREAU OF VITAL STATISTI

CERTIFICATE OF BIRTH

PLACE OF BIRTH

659.152.042-381

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 16869

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Robert Slaffer Wertzbaugher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Sept. 2 1913

FATHER		MOTHER	
FULL NAME	Carl P. Wertzbaugher	FULL MAIDEN NAME	Rosella S Laffer
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Grocer	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Worlson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 9-11 19 13

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-124-042866

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of .....

No. ..... *St.*

Hospital .....

Registration District No. 1085 **File No.** 16870

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Donald Kenneth Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas F. Hall	FULL MAIDEN NAME	Alice Howard
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Ida.

Filed 10-2 1913 John H. Englum Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

360-224-042-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 16871

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Baby Cook. Marion Patricia Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes.	Sept. 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Cook	FULL MAIDEN NAME	Matilda Smith
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	w. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	w AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Ner.
OCCUPATION	Clerk	OCCUPATION	Housewife.

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 89 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Chuchek

Physician (Physician or midwife)

Address Twin Falls, Ida

Filed 9-5 1913 John H. Coughlin Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE
BUREAU OF V
CERTIFIC

JUL 19

692-218 [redacted] 49

PLACE OF B[redacted]

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of A[redacted]

City of [redacted]

Registration District No. 16 File No. 16872

No. 2 Mi No. of Eagle St.

Primary Registration District No. 2012 Registered No. 9

Hospital

FULL NAME OF CHILD Mildred May Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Sept 18 1913

FATHER	MOTHER
FULL NAME: Orion D. Fisher	FULL MAIDEN NAME: Bertha M. Smith
RESIDENCE: 2 Mi. No. of Eagle	RESIDENCE: 2 mi N. of Eagle
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5-14

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Taylor

M D

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Sept 19 19 13 O E Bloom

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

APR 20 1962

[redacted]

DECEASED

794-029.00A-921

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16873

County of Ada

City of Boise

No. Palmer Station or R.F.D.

Registration District No. 10 File No.

Primary Registration District No. 2052 Registered No. 8

Hospital

FULL NAME OF CHILD Bessie May Pruett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	——	——	Yes	8 29 1913

FATHER		MOTHER	
FULL NAME	James Pruett	FULL MAIDEN NAME	Mary [illegible]
RESIDENCE	Eagle R.D 1	RESIDENCE	Eagle R.D 1
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Culbertson

Physician

(Physician or midwife)

Address Boise Idaho

Filed Sept 2 1913 O C Bloom M.D.

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

MAR 17 1964

JUL 21 1972

Dep 20193 - 151478

413-130-031-1 [redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 47 File No. 16877

No. ....., ... St.

Primary Registration District No. 2174 Registered No. 28

Hospital .....

FULL NAME OF CHILD James Edward Mattoon

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	8 30 1913

FATHER		MOTHER	
FULL NAME	V. L. Mattoon	FULL MAIDEN NAME	Zal Anderson
RESIDENCE	Clarkston Wn	RESIDENCE	Clarkston, Wn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Washington	BIRTHPLACE	Wn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilber F. McMahan

M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kamiah, Ida.

Filed Oct 3 1913 H M Jones

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

SEP 2 8 1973

859-127-031-852

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 16875

Primary Registration District No. 2124 Registered No. 29

FULL NAME OF CHILD Keith Carson Herrick

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	9 27 1913

FATHER		MOTHER	
FULL NAME	Harry E. Herrick	FULL MAIDEN NAME	Hazel A. Hess
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	H

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:50 a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

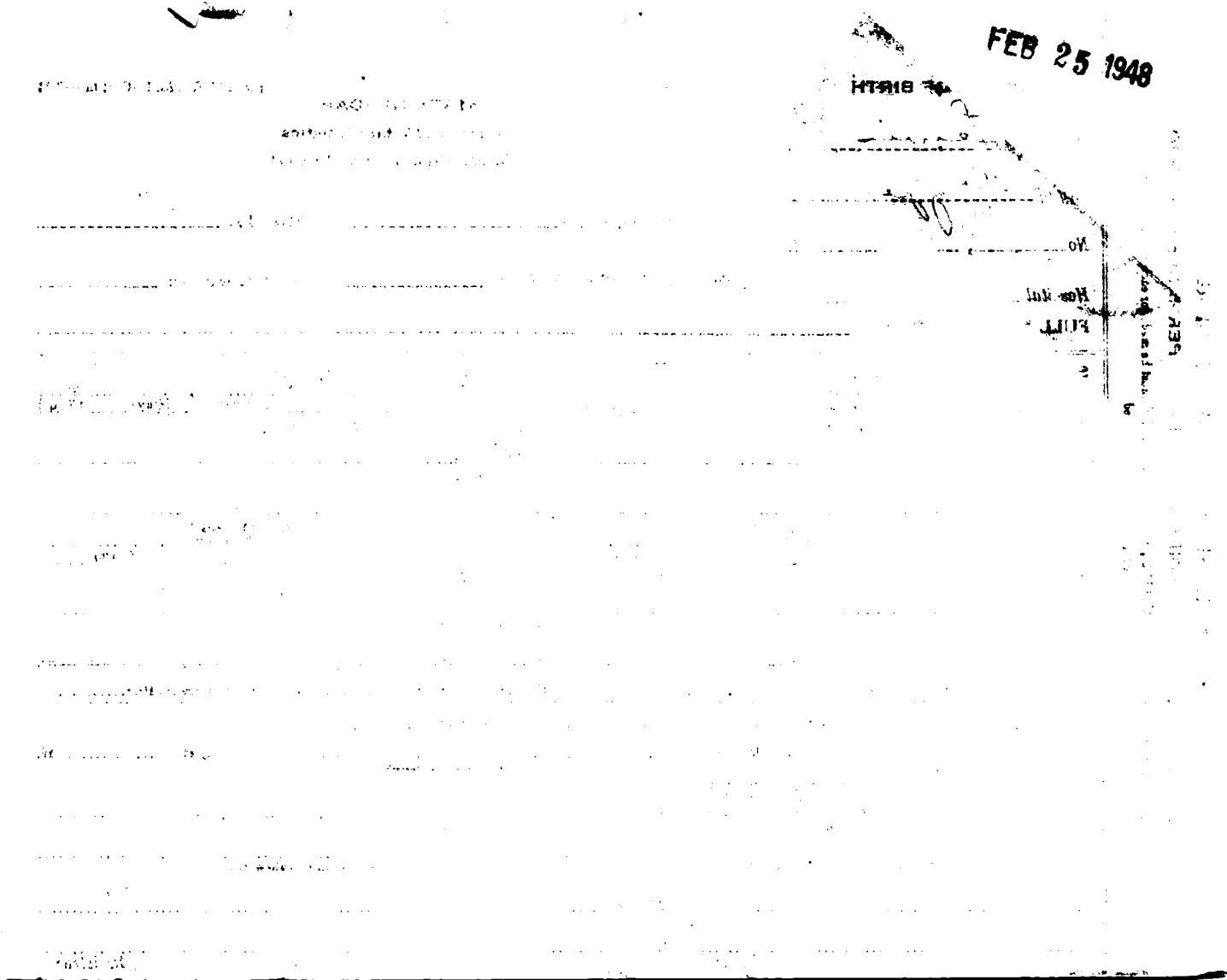
Address Nezperce Ida

Filed Oct 3 1913 J. T. McJones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326


FEB 25 1948

Amended 9/10/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16876
Local Reg. No.
Reg. Dist. No. 47

1. PLACE OF BIRTH

a. COUNTY: Lewis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Lewis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Nezperce

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Goldie b. (Middle): Ann c. (Last): Knutson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month)	(Day)	(Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	9	22	1913

FATHER OF CHILD

7. FULL NAME a. (First): Arthur b. (Middle): H. c. (Last): Knutson

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Mary b. (Middle): M. c. (Last): Williams

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
20 YEARS	Colo.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. A. Jeffreys

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Nez Perce, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 3, 1913

22. REGISTRAR'S SIGNATURE: H. M. Jones

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS | WEIGHT AT BIRTH ____ LBS. ____ OZS. | TIME: 10 AM

RACE OF COLOR OF FATHER: W | RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Grant }

Certificate No. 16876

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Athur Herman Knutson (female) who was born on Sept. 20, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Nezperce, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Arthur Herman Knutson	Goldie Anna Knutson
Date of birth	Sept. 20, 1913	Sept. 22, 1913

Subscribed and sworn to before me this 31st day of July, 1973

Notary Public, residing at Ephrata, Wash.

My commission expires 12-30-1976

(Seal)

Signed X Beatrice M. Keeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) older sister

129 F. 5th W. Ephrata, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of July, 1973

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3-26-73

Certificate of Marriage from Washington gives groom's name as Wilbur Warren Greenough and the bride's name as Goldie Ann Knutson. Were married on Oct. 4, 1932 in Pomeroy, Washingon. J. F. powers, Pastor Christian Church signed the certificate. Viewed by V. S.

Certificate of Baptism gives name as Goldie Ann Knutson Greenough child of Arthur Herman Knutson and Mary Mae Knutson. Born on September 22, 1913. Was Baptized May 26, 1956. at the Holy Trinity Luthern church. Ephrata, Wn. Viewed by V. S.

Letter from St. Joseph's Hosp. givesname as Goldie Greenough. Was in Hosp. June 17, 1933 and gave age as 9/22/13. signed by Mary Ann Tomt, Ass't Record Admin. Viewed by V. S.

455-101-031-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. 16877

Primary Registration District No. 2124 Registered No. 31

FULL NAME OF CHILD Hiram Haire Denny

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	10 1 1913

FATHER		MOTHER	
FULL NAME	Joe A. Denny	FULL MAIDEN NAME	Effie Bisnell
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	N. C.
OCCUPATION	Farmer	OCCUPATION	Hon

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 9 30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nezperce Idaho

Filed Oct 3 1913 [signature] Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

APR 20 1972

143.223.029-2

PLACE OF BIRTH

County of Idaho

City of Genesee

No. ..... St.

Hospital .....

Form V[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 16878

Primary Registration District No. 2142 Registered No. 12

FULL NAME OF CHILD Edna Elsie Jutte

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	9 (Month) 23 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B H Jutte	FULL MAIDEN NAME	Louise Schornhorst
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehrn

(Physician or midwife)

Address Genesee Idaho

Filed 9-23 1913 W H Ehrn Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
AUG 14 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16878

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jutte (Name on Original Certificate) who born (Was Born or Died) on 9-23-13 (Date of Event)
in Genesee (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Dec. 13, 1913 (Give Date), are:
Cert. of Confirmation viewed by v.s.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Edna Elsie Jutte

May 27, 1928 viewed by v.s.

Subscribed and sworn to before me this 6th day of August, 1957

Notary Public, residing at Genesee Idaho
My commission expires Aug 25 1959
(Seal)

Signed Harvey H Jutte
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
682 Utah Clarkston Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of August, 1957

Notary Public, residing at Kendrick Idaho
My commission expires Aug 25 1959
(Seal)

Signed Louise F Jutte
(Signature of Any Credible Person)
632 Block Clarkston Wash.
(Street Address, City, State)

FORM DPH 55.155

NN 7-23-57 1 copy paid

SEP 18 1957

391-104-029-643

Form V. S. No. 11-C—2015-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 16879

Primary Registration District No. 2142 Registered No. 10

FULL NAME OF CHILD Warren Milton Trail

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	9 (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. L. Trail	FULL MAIDEN NAME	Nettie Wilson
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	West. Virg	BIRTHPLACE	Iowa
OCCUPATION	Grain Warehouse	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Chem

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Genesee Idaho

Filed Sept 8 1913 W H Chem

Registrar

Registrar

S-Y CO. 20174

AUG 3 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-212-029-254 amended 6/19/80

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

Registration District No. 62 File No. 16880

No. ..... St.

Primary Registration District No. 2142 Registered No. 11

Hospital

FULL NAME OF CHILD Zylda Lee Lambert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Sept 13, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Lambert	FULL MAIDEN NAME	Susan Kimbro
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-24 1913 W. H. Ehem

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 10-C - 20m-5-12-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 3 02 AM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16880

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Zilda Lambert (Name on Original Certificate) who was born (Was Born or Died) on Sept 12, 1913 (Date of Event) in Genesee, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Zilda Lambert (Bible Record, Insurance Policy, Etc.) prepared on Sept 3 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Zilda Lambert	Zylda Lee Lambert
date of birth	Sept 12, 1913	Sept 13, 1913

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of SPOKANE }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3RD day of JUNE, 1980

Betty A Day

Notary Public, residing at SPOKANE
My commission expires 12-17-81
(Seal)

Signed Irma Lambert Mayer
(Signature of Any Credible Person)

E. 101 Hawthorne Rd.
(Street Address, City, State)
Spokane Wn - 99218

FORM DH 60-155

CL 8/29/78

Family Bible record gives name as Zylda Lee Lambert born Sept 13, 1913. viewed by V. S.

Own child's birth certificate from the Hospital in Spokane, Washington goves ths child's name as Toby Joseph Elliott born April 9, 1946. Father's name as Walter Amos Elliott and mother's name as Zylda Lee Lambert born 9-13-13. viewed by V. S.

JUN 19 1980

445-216-029-573

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Potoh

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16881

Registration District No. 62 File No. .....

Primary Registration District No. 242 Registered No. 13

FULL NAME OF CHILD Un-named infant (deceased)

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes	9 (Month) 16 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Duncal	FULL MAIDEN NAME	Josie Egland
RESIDENCE	Unknown	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Unknown	BIRTHPLACE	Iowa
OCCUPATION	Laundy worker	OCCUPATION	Laundy girl

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5-P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehem

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Genesee

Filed 9-16 1913 W. N. Ehem

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

LA LIGA

843-219-029-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 16882

County of Latah

City of Moscow

No. 7th & Main St.

Hospital The Gritman

Registration District No. 61

File No. ~~257~~

Primary Registration District No. 1011

Registered No. 231

FULL NAME OF CHILD Gertrude Ellen Hulme

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Aug (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edward M. Hulme	FULL MAIDEN NAME	Gertrude M. Jenkins
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	London, England	BIRTHPLACE	Iowa.
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles L. Gritman

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 11 1913 D. F. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 8 1969

345-120-029-154

Form V. S. No. 11-C—20m-2-15-12

16883

PLACE OF BIRTH

County of Latah

City of E of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. ~~288~~

Primary Registration District No. 1011 Registered No. 233

FULL NAME OF CHILD Elmer Clinton Lundquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Aug. 20th 1913

FATHER		MOTHER	
FULL NAME	Claus A. Lundquist	FULL MAIDEN NAME	Hulda E. Anderson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Sweden	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Sept 11 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1945

SEP 26 1947

962-126 1029-465

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Monroe and A St.

Hospital

Registration District No. 61 File No. 16884

Primary Registration District No. 1011 Registered No. 234

FULL NAME OF CHILD Premature Not named

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Aug 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Grant Robbins	FULL MAIDEN NAME	Pauline Moerder
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Sep 10 1913 D. F. Rae

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

469-227-229-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 16885

County of Latah

City of N. Moscow

Registration District No. 61 File No. 760

No. ____ St.

Primary Registration District No. 1011 Registered No. 235

Hospital ____

FULL NAME OF CHILD Frances Marian Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Aug 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Morgan	May Washburn
RESIDENCE	Moscow, Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Walla Walla, Wash	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed Sept 11 1913 D. F. Rae

Registrar

S-Y CO. 20174

Registrar

15 [redacted] 259

P[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 16886

No. ..... St.

Primary Registration District No. 1011

Registered No. 236

Hospital ALDEN MAYNARD

FULL NAME OF CHILD ~~Andrew~~ Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	7/~~27~~ 30th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Andrew Anderson	FULL MAIDEN NAME	Anna ~~Bergsette~~ Bergseth
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive July 29th at 4 P.M. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L Gritman
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 11 1913 D F Rae
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Kitsap } ss.

Certificate No. 16886

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Andrew Anderson (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1913 (Date of Event)
in Moscow, Latah Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are ~~shown by~~ known by the fact that I was there at time of birth. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Andrew	Alden Maynard
Date	July 29th	July 30, 1913
Mother's name	Bergsette	Bergseth

Subscribed and sworn to before me this 17th
day of July, 1942

Notary Public, residing at Bremerton
My commission expires
(Seal)

Signed Alden Anderson Maynard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

263 - 4th St., Bremerton, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Kitsap } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of July, 1942

Notary Public, residing at Bremerton, Wn.
My commission expires Feb 13, 1945
(Seal)

Signed R. I. Leonard
(Signature of Any Credible Person Other Than Previous Year)

Rte 4 B178 Bremerton Wn
(Street Address, City, State)

JUL 18 1942

JUL 2 1 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

City of Mosc... Registration District No. 61 File No. 16887

No. ... Registration District No. 1011 Registered No. 237

Hospital ...

FULL NAME OF CHILD Charles Raymond Potter

Sex of Child: Male	Twin, Triplet or other? (To be answered on ... birth)		Legitimate? Yes	Date of Birth: 7 (Month) 2 (D...) 3
FULL NAME	FATHER: Hunt Potter		MOTHER: Daisy McKay	
RESIDENCE	Moscow		Moscow	
COLOR	W...	(Years)		
BIRTHPLACE	Missouri		Idaho	
OCCUPATION	Auto Dealer		OCCUPATION: Housewife	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) July 23, at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Physician (Physician or midwife)

Address Moscow

Given names added from a supplemental report

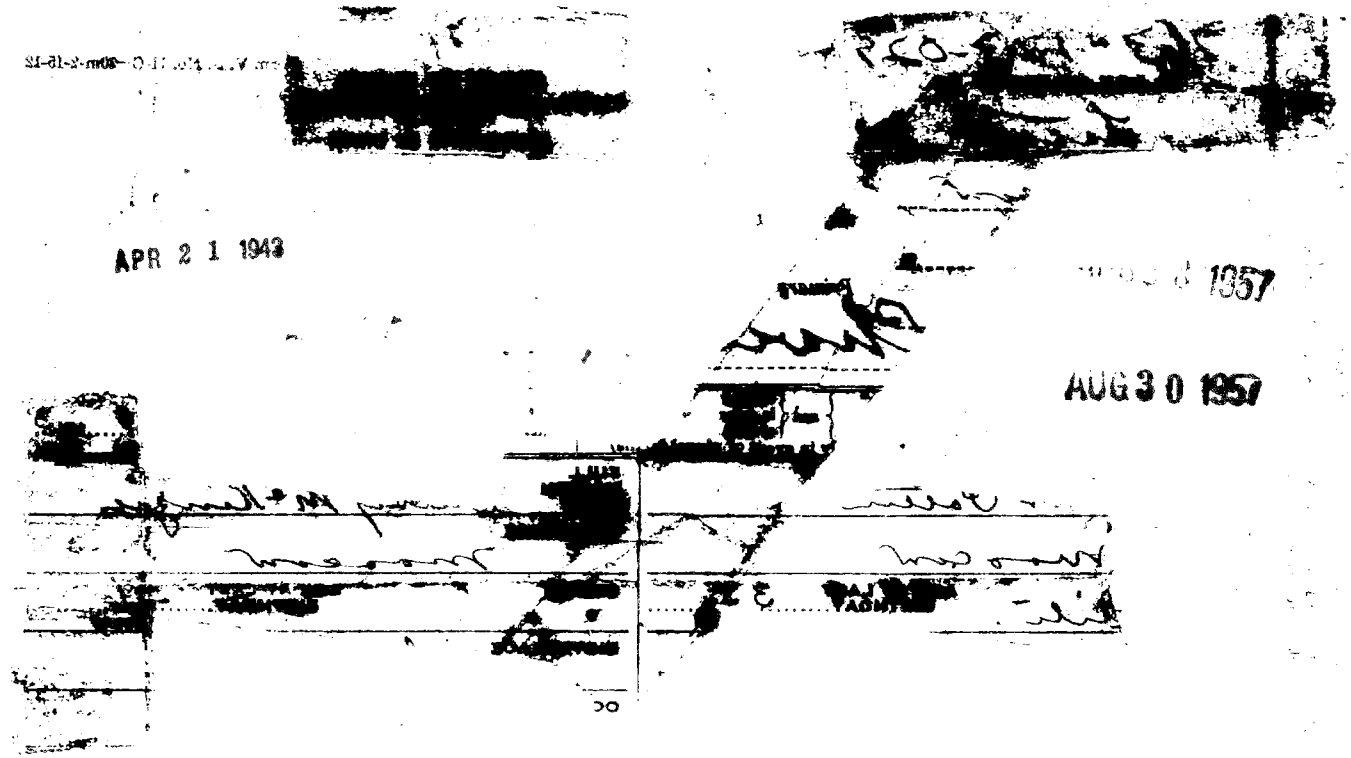
..... 19.....

..... Registrar

Filed Sept 11 19 13

D. F. Rae Registrar

8-Y CO. 20174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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16888

City of Moscow

Registration District No. 61

File No. ~~255~~

No. ..... St.

Primary Registration District No. 1611

Registered No. 239

Hospital .....

FULL NAME OF CHILD Charles Woodrow Hall

Sex of Child	Twin Triplet or other? (To be answered only in case of Twin Triplet)	Date of Birth
Male	Yes	August 2 1913 (Month) (Day) (Year)

FULL NAME	FATHER	MOTHER
	Samuel P. Hall	Bertha Jones
RESIDENCE	Moscow, Idaho	Moscow, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	28 (Years)
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Postman	Housewife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Greitman, M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 11 1913 D. F. Rae Registrar

S-Y CO. 20174

FEB 5 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

243-212-029-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Near Moscow

Registration District No. 61

File No. 16889

No. ——— St.

Primary Registration District No. 1011

Registered No. 240

Hospital ———

FULL NAME OF CHILD MARGARET M. BUTLER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	———		———	Yes	Sept. 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clark Butler	FULL MAIDEN NAME	Catherine Mattley
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Sep 20 1913 D F Rae
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1975

MAY 28 1943

165.110.029.439

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

V. S. No. 11-C-

County of Latah

City of Moscow Idaho

Registration District No. 61

File No. 16890

No. ..... St.

Primary Registration District No. 1011

Registered No. 241

Hospital .....

FULL NAME OF CHILD Royden Keith Donahue

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jessie Donahue	FULL MAIDEN NAME	Mary McIntosh
RESIDENCE	Moscow,	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 15 1913

D F Rae
Registrar

Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

May 25, 1959

236208 029-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 16891

County of Latah

City of Moscow

Registration District No. 61 File No. 761

No. ..... St.

Primary Registration District No. 1011 Registered No. 242

Hospital

FULL NAME OF CHILD Vivian Lenna Stone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Sept. 8 1913

FATHER		MOTHER	
FULL NAME	Fred Stone	FULL MAIDEN NAME	Effie Miller
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Hardware-man	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gritman

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Sept 15 1913

..... Registrar

S. F. Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 20 1967

PLACE OF BIRTH

MAY 04 2005

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

79 3-128-029-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital Aspray's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16892

Primary Registration District No. 1011 Registered No. 243

FULL NAME OF CHILD Stanley Granville Gilbert

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	fifth (To be answered only in event of plural births)	yes	Aug. (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Moody Gilbert	FULL MAIDEN NAME	Nellie M. Davies
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Corvallis Oregon	BIRTHPLACE	Allensburg Wn.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Sept-12 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

355-225-029-554

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. E. Sixth St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16893

Primary Registration District No. 1011 Registered No. 244

FULL NAME OF CHILD Helen Neitalene

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Aug 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. O. Lee	FULL MAIDEN NAME	Gertrude Nedros
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray MD
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

19

Filed Sept 12 1913 D F Rae
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

353-207-029-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Lewis St.

Hospital

Registration District No. 61 File No. 16894

Primary Registration District No. 1011 Registered No. 245

FULL NAME OF CHILD Carol Bernice Sether

Sex of Child	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth June 7 1913 (Month) (Day) (Year)
F			

FATHER		MOTHER	
FULL NAME	H. H. Sether	FULL MAIDEN NAME	Anna R. Miller
RESIDENCE	Moscow Ida	RESIDENCE	Moscow
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Sept 12 1913 D F Rai
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-120-029-699

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

[redacted]

16895

Registration District No. 61

File No. .....

Primary Registration District No. 10 n

Registered No. 246

FULL NAME OF CHILD Aaron Mallery

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept 20th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard A Mallery	FULL MAIDEN NAME	Alma M. Wright
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Minn.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow

Filed Sept 30 1913

D F Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

1/[redacted] L. B.

DECEASED

363-226-029-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16896

Primary Registration District No. 1011 Registered No. 247

FULL NAME OF CHILD Catharine Colver

Sex of Child Female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Sep. (Month) 26" (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas. W. Colver	FULL MAIDEN NAME	Catharine Sinclair
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Mo.
OCCUPATION	Chemist.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 10 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Id.

Filed Sept 30 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1942

238-129-029-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16897

Primary Registration District No. 10 11 Registered No. 248

FULL NAME OF CHILD Charles Peter Schumacher

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes.	Aug 29 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. W. Schumacher	FULL MAIDEN NAME	Ida Blazer
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Id.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	49
BIRTHPLACE	Mich.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	38
		BIRTHPLACE	Switzerland.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Address Moscow, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 30 1913

..... Registrar

..... Registrar

S-Y CO. 20174

SEP 17 1942

234-206-029-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16898

Primary Registration District No. 1011 Registered No. 249

FULL NAME OF CHILD Edna L Scott

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Sept (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	L. R. Scott	FULL MAIDEN NAME	Elna Swanson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Florist	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow

Filed Sept 30 1913 D F Rae

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DUP OF 1913-42071

469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16899

Primary Registration District No. 1011 Registered No. 250

FULL NAME OF CHILD Donald F. Tennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Tennis	Rosa Margaret Hyde
RESIDENCE	Moscow	Moscow
COLOR / AGE AT LAST BIRTHDAY	White / 36 (Years)	White / 35 (Years)
BIRTHPLACE	Neb.	Neb.
OCCUPATION	Drayman	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11-9, M. on the date above stated.

(Signature) J. N. Clarke

(Physician or Midwife)

Address Moscow

Filed Sept 30 1913 D F Kerr Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California
County of Yolo } ss.

RECEIVED AUG - 1971 Bureau of Statistics

Certificate No. 16899

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tennis (Name on Original Certificate) who was born (Was Born or Died) on Aug. 25, 1913 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record and Insurance policy (Bible Record, Insurance Policy, Etc.) prepared on Bible - 1913 - Insurance Policy June 28 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Tennis	Donald F. Tennis

Subscribed and sworn to before me this 3rd day of August 1971

Alvin C Smith

Notary Public, residing at Woodland California

My commission expires Sept 5 1971

(Seal)

Signed Donald F. Tennis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

206 Marshall Ave Woodland Calif 95695
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Yolo } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August 1971

Alvin C Smith

Notary Public, residing at Woodland California

My commission expires Sept 5 1971

(Seal)

Signed Laura McReddick
(Signature of Any Credible Person)

Rt 1 - Box 84A Brentwood, Calif 94513
(Street Address, City, State)

FORM DH 60-155 CL 5/24/71nm

Insurance Policy from The Equitable Life Assurance Society of the U.S. Policy No. 9,508,524 Q417232 gives name as Donald F. Tennis. Dated June 28, 1924. Viewed by V. S.

AUG 12 1971

Family Bible Record gives name as Donald F. Tennis, born at Moscow, Idaho on Aug. 25, 1913. Apears to be old. Viewed by V. S.

9-69.3

[redacted]

MARGIN RE[redacted] FOR BINDING

WRITE PLAINLY, WITH UNFA[redacted] THIS IS A PERMANENT RECORD

N. B. In case of more than one child of [redacted] must be made for each and the number

[redacted]

C[redacted]

[redacted]

[redacted]

[redacted] St.

[redacted]

CERTIFICATE OF BIRTH

Registration District No. 61 **File No.** 16900

Primary Registration District No. 1011 **Registered No.** 251

[redacted] OF CHILD DAVID KNIGHT

[redacted] Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth Aug 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
[redacted] W. L. Knight		FULL MAIDEN NAME	Ella William
[redacted]NCE Moscow		RESIDENCE	Moscow
[redacted] white	AGE AT LAST BIRTHDAY 45 (Years)	COLOR white	AGE AT LAST BIRTHDAY 37 (Years)
[redacted]HPLACE Tenn		BIRTHPLACE	ark
OCCUPATION Jeweler		OCCUPATION	

Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report

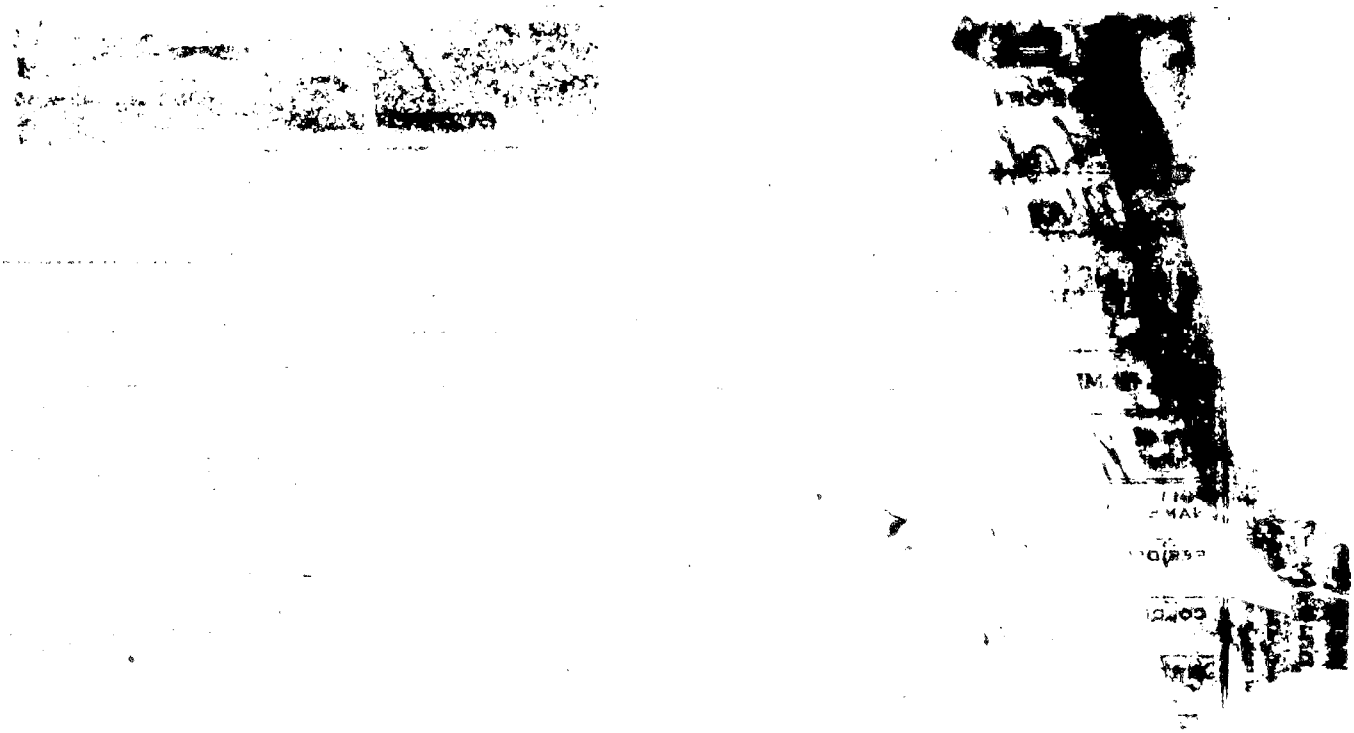
..... 19.....

Address Moscow

Filed Sep 30 1913 D F Rae

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 16900

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for David Edward Knight (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Aug 19 1913 (DATE OF EVENT)
in Moscow (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by adoption papers (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on June 28 1918 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	David Knight

Subscribed and sworn to before me this 4th
day of August, 1943

Signed Lottie Longtin
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Portland Ore

My commission expires July 2, 1945
(SEAL)

3936 N E Davis
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of August, 1943

Signed Ora M. Dobie
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Portland Ore 3205 N.E. 18th Portland Ore
(STREET ADDRESS, CITY, STATE)

My commission expires July 2, 1945
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 1 0 1943

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Latah

City of Moscow

No. 759 - 115-025-236 St.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16901

Hospital Primary Registration District No. 1011 Registered No. 252

FULL NAME OF CHILD LESTER MERRIL GRIFFIN
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	Sept. 15 1913

What bacteriecidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James M. Griffin	FULL MAIDEN NAME	Josie H. Scott
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	Calif.
OCCUPATION	Laborer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow

Filed Sep. 30 1913 D. R. Rae

Registrar.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Latah } ss.

Certificate No. 16901

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lester Merril Griffin (Name on Original Certificate) who was born (Was Born or Died) on September 15, 1913 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage License December 24, 1909 (Bible Record, Insurance Policy, Etc.) prepared on Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's middle initial	N.	M.
Mother's name	Susie Scott	Josie H. Scott

Subscribed and sworn to before me this 20th day of June, 19 56

Notary Public, residing at Deary, Idaho
My commission expires Dec. 30, 1959
(Seal)

Signed Josie H. Griffin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Deary, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 19 56

Notary Public, residing at Deary, Idaho
My commission expires Dec. 30, 1959
(Seal)

Signed James M. Griffin
(Signature of Any Credible Person)

Deary, Idaho
(Street Address, City, State)

FORM DPH 55.155

466-221-02-9375

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16902

Primary Registration District No. 1011 Registered No. 253

FULL NAME OF CHILD Viola Winifred

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 3	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			Yes	Sept 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Moffett	Winifred Sears
RESIDENCE	Moscow Idaho	Moscow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Neb	Wis
OCCUPATION	Farmer	House Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Cram M. D.
(Physician or midwife)

Address Moscow

Filed Oct 4 1913 [illegible]

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

497-203-029-71

Form V. S. No. 11-C—20m-2-16-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. 720 S. Main St.

Hospital Gutman's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16903

Primary Registration District No. 1011 Registered No. 258

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Gainford P. Mix	FULL MAIDEN NAME	Maud Gale
RESIDENCE	Moscow, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Manager Harvester Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas L. Gretzman

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 4 1913 D F Roe

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

PRINTING
IN BLACK INK

251-115-029-295

Form V. S. No. 11-C—15m

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [redacted]

P.O. ~~City~~ of Moscow Idaho Registration District No. 61 File No. 16904

No. ....., ... St. Primary Registration District No. 2141 Registered No. 256

Hospital Home.

FULL NAME OF CHILD Fredie Knapp.

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy.		Yes.	Sept. 15, 1913.

FATHER		MOTHER	
FULL NAME	W. M. Knapp.	FULL MAIDEN NAME	Bingman.
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho.
COLOR	White. AGE AT LAST BIRTHDAY 35. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 31. (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Texas.
OCCUPATION	Rancher.	OCCUPATION	Wife & House-keeper.

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.11 a.m. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Starfield

Osteophic (Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Oct 1 1913 D F R

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1975

691-117-038

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-12

County of Latah

~~City~~ P.O. of Moscow Ida. Registration District No. 61 File No. 16905

No. ....., ... St. Primary Registration District No. 2141 Registered No. 257

Hospital Home

FULL NAME OF CHILD Wesley Le Roy Frazier

Sex of Child	~~Twin~~ Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Sept. (Day) 17 (Year) 1913
Boy		yes	

FATHER		MOTHER	
FULL NAME	Harvey Frazier	FULL MAIDEN NAME	Agnes Linn
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Latah Co. Idaho	BIRTHPLACE	Tickto Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 20 of 11 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W M Mitchell

Osteopathic (Physician ~~or Midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 7 1913 D. F. Rae Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR B[redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev-4-60 II

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

CONTINENT RECORD

817-228-029-4[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than [redacted] child at birth, a [redacted] RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow (Near)

No. ..... St.

Hospital .....

Registration District No. 61 File No. 16906

Primary Registration District No. 2141 Registered No. 255

FULL NAME OF CHILD Bernice Alive

Sex of Child F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sept (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sherman H. ~~[illegible]~~ Hagan	FULL MAIDEN NAME	Leatha R. McGarvey
RESIDENCE	Blaine	RESIDENCE	Blaine
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 WP (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mich.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Moscow Ida

Filed Oct 4 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

4/3/41 L. B.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

319-211-029-358

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Registration District No. 61 File No. 16907

Primary Registration District No. 2141 Registered No. 238

FULL NAME OF CHILD Agnes Joyce Carle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Aug 11th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred J. Carle	FULL MAIDEN NAME	Elizabeth Lehrman
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Minnesota	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Gritman M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Sept 11 1913 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2000-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

914-222-029-247

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 16908

Primary Registration District No. 2141 Registered No. 254

FULL NAME OF CHILD Ruby Beatrice Rambo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—			Yes	Sept 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cecil C. Rambo	FULL MAIDEN NAME	Blanche C. Bugh
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida,	BIRTHPLACE	Mo,
OCCUPATION	Farmer	OCCUPATION	N, W,

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.E.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow Idaho

Filed Oct 4 1913 D F Rae

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 3 1964

AUG 27

Name added 9-30-83 fc

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. 365-129-022-236 St.

Hospital

Registration District No. 100

File No. 16909

Primary Registration District No. 2178

Registered No. 108

FULL NAME OF CHILD CHESTER ROSS COVINGTON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	10 (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Covington	FULL MAIDEN NAME	Rose Stoker
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 10-29 1913 G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Rec'd 9-30-83

Certificate No. 16909
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Male Covington (Name on Original Certificate) who was born (Was Born, Died, etc.) on October 29, 1913 (Date of Event) in Rexburg (Madison) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	omitted	Chester Ross Covington

Subscribed and sworn to before me this 30th day of September, 1983.
Notary Public, Florence Cartright
Residing at Bruc
My commission expires 4-20-84
(Seal)

X Chester Ross Covington
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

Supporting Signature

Street Address, City, State

Telephone call 9-30-83

Own child's birth certificate on file with Vital Statistics shows father's name as Chester Ross Covington. Child, Nadeane Covington, born Jan 19, 1938. state file # 265294. Chester born in Rexburg, Idaho, age 34 when Nadean was born.
Viewed by v.s.

Chester Ross Covington's Certificate of Birth issued by the L.D.S.Church shows name as Chester Ross Covington born October 29, 1913, in Rexburg, Idaho to William H. Covington and Rosabell Stoker. Recorded in Fremont Stake, Rexburg, 1st Ward, Recor of Members # 7703, Page 84. Entered on record January 4, 1914.
Viewed by V.S.

389-228-02-296

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-22

CERTIFICATE OF BIRTH

Registration District No. 107 File No. 16910

Primary Registration District No. 2178 Registered No. 107

FULL NAME OF CHILD Gladys Mae Christenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	10 28 1913

FATHER		MOTHER	
FULL NAME	Robt Christenson	FULL MAIDEN NAME	Lizzie Bramwell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living alive (Born alive or stillborn) at 4.10 P.M. on the date above stated.

(Signature) G. L. Eaton M. D.

(Physician or midwife)

Address .....

Filed 10-28 1913 G. L. Eaton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

Form V. S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. MAR 11 9 02 AM '78

County of ..... }

Certificate No. 16910

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for unnamed female Christenson (Name on Original Certificate) who was born (Was Born or Died) on October 28, 1913 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	not named	Gladys Mae Christenson

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....

(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }

County of BONNEVILLE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 TH day of MARCH, 1978

Signed Gerald O Christenson
(Signature of Any Credible Person)

Notary Public, residing at IDAHO FALLS IDAHO

My commission expires Sept 8, 1980
(Seal)

658 Lakeshore Ave Idaho Falls
(Street Address, City, State) Idaho 83401

FORM DH 60-155

CL sent 3/3/78 nm.

Certif of Baptism and Confirmation from the LDS Church gives name as Gladys Mae Christenson Daughter of Oscar R. Christensen and Eliza A. Bramwell. born Oct 28, 1913 at Rexburg, Idaho. Baptized Sept. 7, 1924. viewed by V. S.

APR 3 1978

Family group record for ~~Robt~~ Oscar Robert Christenson and Eliza Allen Bramwell gives child' name as Gladys Mae Christensen born Oct 28, 1913 in Rexburg, Idaho. married Wilfred M Kinser Oct 30, 1937. Baptized Sept 7, 1924. viewed by V. S.

796 - 125
022-599

PLACE O[redacted]

County of Tremont

City of Archer

No. ....., ... St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16911

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 106

FULL NAME OF CHILD Stephen Elisha Grover

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes.	Oct. 25th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elisha Freman Grover.	FULL MAIDEN NAME	Emma Erickson.
RESIDENCE	Archer, Ida.	RESIDENCE	Archer, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Sweden.
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was: alive (Born alive or stillborn) at 12.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Archer Idaho

Filed 11-1 1913 G. G. Espe

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]D FOR BINDING
[redacted]K—THIS IS A PERMANENT RECORD
[redacted]ATE RETURN must be made for each and the number [redacted] of birth stated

OCT 23 1966

MAY 20 1976

236 - 122-022-284

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 16912

Primary Registration District No. 2178 Registered No. 105

FULL NAME OF CHILD Edward E Stowell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 22 1913

FATHER	MOTHER
FULL NAME Ed. Stowell	FULL MAIDEN NAME Anna Shurtz
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR W AGE AT LAST BIRTHDAY 35 (Years)	COLOR AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Me.
OCCUPATION Blacksmith	OCCUPATION

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-22 1913 G G Estes Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 8 1969

695-219-022-318

Form V. S. No. 11-C—[illegible]-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16913

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. 104

FULL NAME OF CHILD Mary Anna Winsler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl	~~1st~~	yes	Oct 19th 1913

FATHER		MOTHER	
FULL NAME	Jack Winsler	FULL MAIDEN NAME	Mary Cahoon
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	AGE AT LAST BIRTHDAY 34 (Years)	COLOR	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Rexburg Ida
OCCUPATION	Confectioner	OCCUPATION	housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Magdalena Walz
(Physician or midwife) midwife

Given names added from a supplemental report

..... 19.....

Address Rexburg

Filed ~~Oct 22~~ 19 13 10-19-13

G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—60m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 23 1971

251-113-022-666

[redacted] 20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 16914

Primary Registration District No. 2178 Registered No. 103

FULL NAME OF CHILD ~~xxxxxxxxxxxxxxx~~ Willie Beesley Charles Emer Beesley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	10 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Eimer Beesley	FULL MAIDEN NAME	Grace Woodmansee
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Nt	BIRTHPLACE	Nt
OCCUPATION	R.R. Clerk Frt. office	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-13 1913 G G Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. [illegible]

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Charles Emer Beesley (NAME ON ORIGINAL CERTIFICATE) who Oct 13 (WAS BORN OR DIED) on 1913 (DATE OF EVENT)
in Rexburg (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
	Williams	Charles Emer

Subscribed and sworn to before me this 9
day of [illegible], 1943.

Notary Public, residing at Rexburg Ida.
My commission expires Oct 5 - 1946
(SEAL)

Signed Grace Beesley Kepsner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
555 E-2nd N. Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible] }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of February, 19 43

Notary Public, residing at Rexburg Ida
My commission expires Oct 5 - 1946
(SEAL)

Signed Ingram Kepsner
(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)
555 E-2nd N. Rexburg Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 14 1943

MAY 19 1971

243-206-022-419

MARGIN RE[illegible] FOR BINDING

WRITE PLAINLY, WITH UNFA[illegible] IS A PERMANENT RECORD

N. B. In case of more than one child at bir[illegible] must be made for each and the number of [illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 16915

Primary Registration District No. 2178 Registered No. 102

FULL NAME OF CHILD Susie Mae Butler

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Oct. (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Franklin Butler	FULL MAIDEN NAME	Lydia martin
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Salt Lake City
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Oct. 6 1913 [illegible] at [illegible] P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A. Briggs

midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 10-8 1913 G G Esp

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. 11-C—10m-8-7-1

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

Legitimate?

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

COLOR

AGE AT LAST BIRTHDAY

(Years)

REVERSE

PRINTING INSTRUCTIONS

Print in ink or pencil

L.D.S. Church Cert. of Baptism and Confirmation, May 4, 1952 gives full name of child as Leo Douglas Johnson, son of Lloyd Douglas Johnson and Susie Mae Butler, born April 17, 1944 at Sheridan, Montana - viewed by V.S. Own Child's Birth Cert. on file: (Idaho Birth) #261893 gives full maiden name of mother as Susie Mae Butler, age 24 born in Thornton, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 16915

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Butler (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1913 (Date of Event)

in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Susie Mae Butler

Subscribed and sworn to before me this 27 day of Aug, 1962

Notary Public, residing at Shoshone, Idaho

My commission expires Aug 12, 1966

(Seal)

Signed Margaret Bennett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 7-25-62. nm

SEP 13 1962

553-103-022-[illegible]4

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Burton

No. ....., ... St.

Hospital .....

Registration District No. 100

File No. 16916

Primary Registration District No. 2178

Registered No. 101

FULL NAME OF CHILD Sterling LaRelle Nelson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		yes	10 (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sterling Nelson	FULL MAIDEN NAME	Rosa Leah Young
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White AGE AT LAST BIRTHDAY 26 (Years)	COLOR	White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Smithfield Utah	BIRTHPLACE	Teacher Idaho
OCCUPATION	school Teacher	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed 10-8 1913 G G Espe Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

[redacted]

SEP 12 1973

D.O.B. 5/3/41. W.h.

462-213-222-983

PLACE OF BIRTH

Form V. S. No. 11-C-Idaho 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Registration District No. 100 File No. 16917

Primary Registration District No. 2178 Registered No. 100

Hospital .....

FULL NAME OF CHILD Jessie Janett Moss

Sex of Child	With Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl					Sep	12	1913

FATHER	MOTHER
FULL NAME: William Francis Moss	FULL MAIDEN NAME: Janie McKinlay
RESIDENCE: Teton City	RESIDENCE: Teton City
COLOR:	COLOR:
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Salt Lake City Utah	BIRTHPLACE: Provo Utah
OCCUPATION: Gabon.	OCCUPATION:

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or midwife)

Address Teton City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 31 19 13

10-8-1913

G G Espe Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 28 1967

386-106-022-259

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 16918

Primary Registration District No. 2178 Registered No. 99

FULL NAME OF CHILD BILL THOMSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Sept (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John R Thomson	FULL MAIDEN NAME	Mary A Bird
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 49 (Years)	COLOR	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Glasco Scotland	BIRTHPLACE	Mendon Cach Co Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed ~~Oct 31~~ 1913 10-8-1913

G. G. Espe Registrar

Registrar

S-Y CO. 20174

DUP OF 13-333274

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 16918

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 9-6-1913 (DATE OF EVENT)

in Peton City, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Older sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Omitted	Bill Thomson

Subscribed and sworn to before me this 28th day of February, 1942.

Marion E. Cox

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(SEAL)

Signed Mrs Clarence Williams

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 28 1948

331 Amended 9/8/69 2-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 16919

Primary Registration District No. 2178 Registered No. 98

FULL NAME OF CHILD Adelpha Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				Aug 17 1913

FATHER	MOTHER
FULL NAME Thomas Clark	FULL MAIDEN NAME Celia Bird
RESIDENCE Teton City	RESIDENCE Teton City
COLOR	COLOR
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Bruson Ward Utah	BIRTHPLACE Teton City Idaho
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or midwife)

Address Teton City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 10-8 19 13 H. G. Estes Registrar

S-Y CO. 20174

K

FEB 13 1948

MAR 6 1962

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

SEP 5 1969

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 16919

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Delpha Clark (Name on Original Certificate) who was born (Was Born or Died) on Aug 17, 1918. (Date of Event) in Teton City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Aug. 17, 1918	Aug. 17, 1913

Subscribed and sworn to before me this 19 day of August, 1969

S. J. Sathaway

Notary Public, residing at St. Anthony

My commission expires April 10, 1971

(Seal)

X Signed Cora Clark

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Teton City Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of August, 1969

S. J. Sathaway

Notary Public, residing at St. Anthony

My commission expires April 10, 1971

(Seal)

Signed Louisa C. Davis

(Signature of Any Credible Person)

Teton City Idaho

(Street Address, City, State)

FORM DH 60-155 CL 5/13/69 1cc pd.

Certificate of Blessing dated Oct. 6, 1913, Gives name as Delpha C. Clark born Aug. 17, 1913. Viewed by V. S.

SEP 8 1969

MAR 6 1974

Vertificate of Baptism and Confirmation gives name as Delpha C. Clark born Aug. 17, 1913. Dated Nov. 20, 1921. Viewed by V. S.

764-211-022-[illegible]

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 16920

Primary Registration District No. 2178 Registered No. 97

FULL NAME OF CHILD Emma Godfrey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl			Aug 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse J. Godfrey	FULL MAIDEN NAME	Louie Archibald
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 28 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Clarkston Utah	BIRTHPLACE	Medisonlodge
OCCUPATION	Farmer.	OCCUPATION	[illegible]

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed ~~15 Aug 1913~~ 10-8-1913 G. G. Cipe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U.C. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

343-201-022-[illegible]

PLACE OF BIRTH

County of Fremont Idaho

City of Teton City

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100

File No. 16921

Primary Registration District No. 2178

Registered No. 96

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl					Aug 1 1913

FATHER	MOTHER
FULL NAME: John Tuckett	FULL MAIDEN NAME: Marian Mendenhall
RESIDENCE: Canyon Creek	RESIDENCE: Canyon Creek
COLOR	COLOR
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Springville Utah	BIRTHPLACE: Springville Utah
OCCUPATION: Farmer	OCCUPATION

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife
(Physician or midwife)

Address Teton City Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 10-8 1913

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Township of

993-220-022-815

Amended 5-28-63

(Be sure the information is complete and accurate)

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16922
Local Reg. No. 95
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dora b. (Middle): Irene c. (Last): Ricks

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 20, (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) John b. (Middle) c. (Last) Ricks

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 45 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Logan City, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Julia b. (Middle) F. c. (Last) Hansen

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 42 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Denmark

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Bell Riggs

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Teton City, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-8-1913

20. REGISTRAR'S SIGNATURE: G. G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the
Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charge with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

L.D.S. Church Cert. of Blessing, Sept. 1, 1913 gives full name as Dora Irene Ricks, dau. of John Ricks and Julia Hansen, born July 20, 1913 at Teton Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS
other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

MAY 17 1963
Bureau of Vital Statistics

Certificate No. 16922

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Dora Iren Ricks (Name on Original Certificate) who was born (Was Born or Died) on July 20, 1913 (Date of Event)

in Teton City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dora Iren Ricks	Dora Irene Ricks

Subscribed and sworn to before me this 13 th day of May 1963

Doris Mortensen
Notary Public, residing at Rexburg, Idaho
My commission expires May 14, 1966
(Seal)

Signed Earl E. Ricks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 th day of May 1963

Doris Mortensen
Notary Public, residing at Rexburg, Idaho
My commission expires May 14, 1966
(Seal)

Signed Thomas Gardner
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-15-63. one copy pd. rec. #03156.

The American National Red Cross Card, completed the Standard course of instruction in First Aid, dated June 1, 1953 gives full name as Dora Irene Ricks, instructor's name is given as V.S. Chandler - viewed by V.S.

Copy of Original Membership, L.D.S. Church Record of Membership, baptized July 20, 1921; Confirmed Aug. 7, 1921 gives full name as Dora Irene Ricks, born July 20, 1913 at Teton, Idaho to John Ricks and Julia Hansen - record has been signed by J. Ted Garner, Ward Clark on May 8, 1963 - Rexburg, Idaho 4th Ward - viewed by V.S.

452-230-022-217

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No.

County of Fremont Co

City of Teton City

Registration District No. 100

File No. 16925

No. ____, ____ St.

Primary Registration District No. 2178

Registered No. 94

Hospital ____

FULL NAME OF CHILD Loa Gertrude Mezeny

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Jun (Day) 30, 1913 (Year)
girl			

FATHER		MOTHER	
FULL NAME	Oliver H Mezerry.	FULL MAIDEN NAME	C. Eleanor Bagle.
RESIDENCE	Wilford.	RESIDENCE	Wilford.
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	North Hooper Weber Co Utah	BIRTHPLACE	Riverdale Oneida Co Ida
OCCUPATION	Farmer.	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife (Physician or Midwife)

Given name added from a supplemental report

Address Teton City Idaho

Filed ~~July 10 1913~~ 10-8 1913 G G Espe Registrar

Registrar

S-Y CO., 16669

MAKE PLAINLY WITH INDEBLE BINDING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 10 1968

296-117-022-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

Registration District No. 100 File No. 16924

Primary Registration District No. 2178 Registered No. 93

FULL NAME OF CHILD Charles E. Brown

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Jun. (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Martin L. Brown	FULL MAIDEN NAME	Bertha A. Stewart
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 26 (Years)	COLOR	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Teton City Idaho	BIRTHPLACE	Clarkston Utah
OCCUPATION	Labour	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed 10-8 1913 G. G. Cope
Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Jan.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 13 1915

PLACE OF BIRTH

County of

653-113-022-997

Form V. S. No. 11-C—[illegible]-8-15-12

PLACE OF BIRTH

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 16925

Primary Registration District No. 2178 Registered No. 92

FULL NAME OF CHILD Leroy Wellard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			June 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles L. Wellard	FULL MAIDEN NAME	Marutta Riggs
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 25 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Teton City Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 30 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Teton City Idaho

Filed 10-8 1913 G. G. Espe Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

OCT 0 1975

763-208-022-437

PLACE ~~OF BIRTH~~

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont Co.

City of Teton City

No. _____, _____ St.

Hospital _____

Registration District No. 100

File No. 16926

Primary Registration District No. 2178

Registered No. 91

FULL NAME OF CHILD ELDA POCOCK

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) May (Day) 8 (Year) 1913
girl					

FATHER		MOTHER	
FULL NAME	Linke Bernard Pocock	FULL MAIDEN NAME	Hazel Lillian McLane
RESIDENCE	Wilford Idaho	RESIDENCE	Willford, Idaho
COLOR	AGE AT LAST BIRTHDAY 25 (Years)	COLOR	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Tooele Utah	BIRTHPLACE	Tooele, Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife (Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address Teton City Idaho

Filed 10-8 1913 G G Espe

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Fremont } ss.

Certificate No. 16926

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~or Death~~)
for Elda Pocock (Name on Original Certificate) who Born (Was Born ~~or Died~~) on May 8th 1913 (Date of Event)
in Fremont County (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elda Pocock

Subscribed and sworn to before me this 1st
day of June, 1942

Notary Public, residing at St Anthony Idaho

My commission expires Jan 18-1945
(Seal)

Signed Luke R. Pocock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 12 19[illegible]

FEB 6 1976

343-108-022-299

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16927

County of Fremont Co

City of Teton City

No. ..... St.

Hospital .....

Registration District No. 100

File No. .....

Primary Registration District No. 2178

Registered No. ~~70~~ 90

FULL NAME OF CHILD Otto Leroy Tuckett

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) May (Day) 7 (Year) 1913
Boy			

FATHER		MOTHER	
FULL NAME	Charles Noah Tuckett	FULL MAIDEN NAME	Evelyna Bird
RESIDENCE	cayoncreek	RESIDENCE	cayoncreek
COLOR	AGE AT LAST BIRTHDAY 32 (Years)	COLOR	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Springville Utah	BIRTHPLACE	Teton City Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

midwife

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Teton City Idaho

Filed 10-8 1913 G. G. Espe

Registrar

Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 5 1980

MAR 2 7 1975

BIRTH 259-109-014-493

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Wisconsin

City of New Plymouth Registration District No. 5 File No. 16928

No. St.

Hospital Primary Registration District No. 1009 Registered No.

FULL NAME OF CHILD Kenneth Ward Knight

Sex of Child M. | Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 9 1913 (Month) (Day) (Year)

FATHER

FULL NAME Elvin Bruce Knight

RESIDENCE New Plymouth Ida

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Minn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Emma Miller

RESIDENCE New Plymouth

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Wis.

OCCUPATION Housework

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or midwife)

Address New Plymouth Ida

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale

Registrar

Filed Nov 16 1913

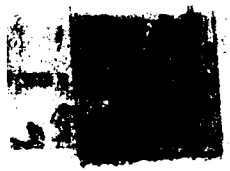
Registrar

S-Y CO. 20174

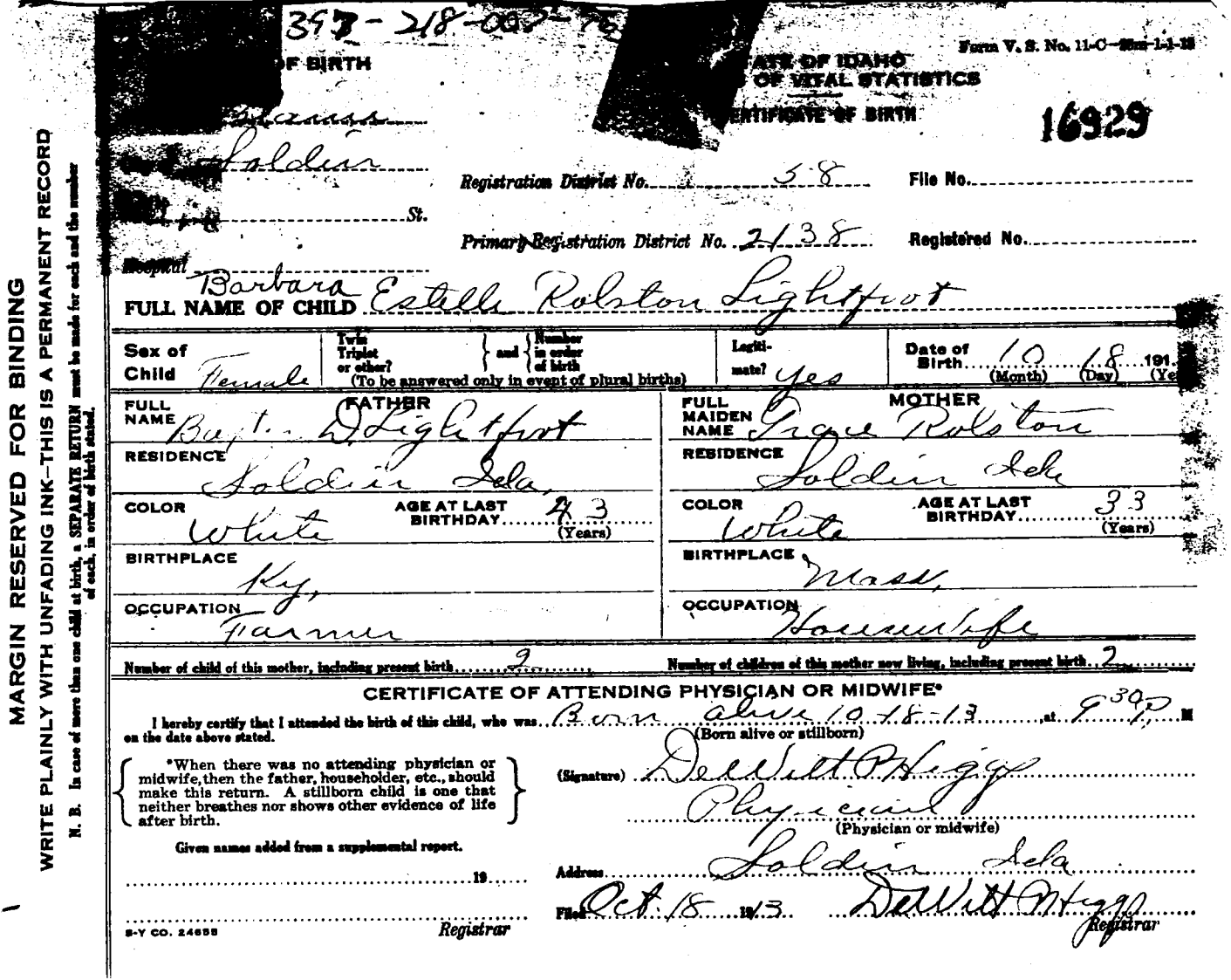
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DECEASED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

397-218-002-76

Form V. S. No. 11-C—[illegible]

[illegible] OF BIRTH

[illegible] STATE OF IDAHO
[illegible] OF VITAL STATISTICS
[illegible] CERTIFICATE OF BIRTH

16929

[illegible] Soldier

[illegible] St.

Hospital

Registration District No. 58 File No.

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Barbara Estelle Rolston Lightfoot

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 18 (Day) 191[illegible] (Ye[illegible])

FATHER		MOTHER	
FULL NAME	Bapt. D. Lightfoot	FULL MAIDEN NAME	Grace Rolston
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ky.	BIRTHPLACE	Mass.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10-18-13 at 9:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs
Physician
(Physician or midwife)

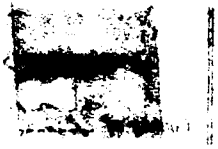
Given names added from a supplemental report.

..... 19....

Address Soldier Ida

Filed Oct. 18 1913 DeWitt P. Higgs
Registrar

S-Y CO. 24655



MAR 2 [illegible]
APR 23 1958

113-221-007-154

Form V. S. No. 11-C—[illegible]-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Blaine

No. ..... St.

Hospital .....

Registration District No. 58 File No. 16930

Primary Registration District No. 2138 Registered No. .....

FULL NAME OF CHILD Reida Jacobs

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	M Jacobs	FULL MAIDEN NAME	Ellen Anderson
RESIDENCE	Blaine Ida	RESIDENCE	Blaine Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Del	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive 10-21-13 at 8 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Witt P Higgs
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida

Filed Oct 21 1913 Dell Witt P Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Blaine

City of Hill City

No. 495-225-007-292 St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 58 File No. 16931

Primary Registration District No. 2138 Registered No.

FULL NAME OF CHILD Zona Loreene Mink

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Marvin Mink	FULL MAIDEN NAME	Ada Best
RESIDENCE	Hill City	RESIDENCE	Hill City
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Grayson Co Va	BIRTHPLACE	Camas Prairie Ida
OCCUPATION	Livery man	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hill City Ida

Filed Oct 26 1913 Dell W P Hedges Registrar

..... Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

APR 1 1942

CERTIFICATE OF LIVE BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR USE WITH UNEARNING INK

MARGIN RESERVED FOR BINDING

PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Carral

No. 862-129-007-635 St.

Registration District No. 58

File No. 16932

Primary Registration District No. 2138

Registered No.

Hospital

FULL NAME OF CHILD William Hobdey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	10 (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Hobdey	FULL MAIDEN NAME	Lillie Fletcher
RESIDENCE	Carral Ida	RESIDENCE	Carral Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10-24-13 at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Witt P Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed Oct 29 1913. Dell Witt P Higgs
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

AUG 17 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] ...AHO STATISTICS ...F BIRTH

Form V. S. No. 11-[redacted]

City of Milner

No. 639-102-042-415 St.

Registration District No. _____ File No. 16933

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD John La Francis Oliphant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	June 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. H. Oliphant	FULL MAIDEN NAME	Belle Davis
RESIDENCE	Milner, Idaho	RESIDENCE	Milner, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Burley, Idaho

Filed July 19 13 J C Patterson Registrar

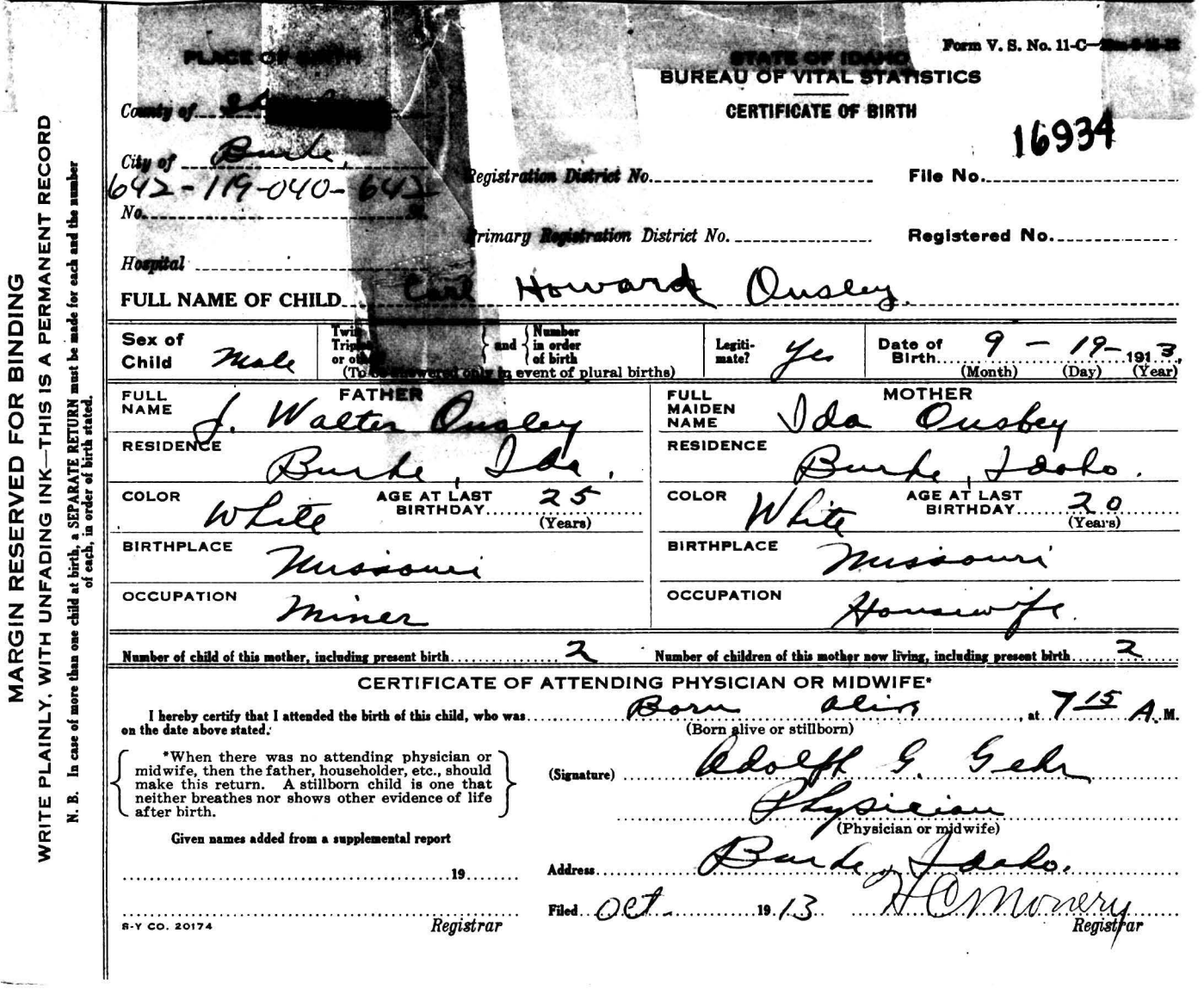
Registrar

B-Y CO. 20174

Form V. S. No. 11-O—[illegible]-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH



PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16934

County of [redacted]

City of Burke

642-19-040-642

No.

Registration District No. File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Carl Howard Ousley

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 - 19 - 1913

FATHER		MOTHER	
FULL NAME	J. Walter Ousley	FULL MAIDEN NAME	Ida Ousley
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	COLOR	White
OCCUPATION	Miner	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Geh

Physician

(Physician or midwife)

Address Burke, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct. 19.13 H.C. Mowery
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. 291-209-040-485 St.

Registration District No.

File No. 16935

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Georgia Rose Brand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) - 9 (Day) - 1913 (Year)

	FATHER		MOTHER
FULL NAME	John Brady Brand	FULL MAIDEN NAME	Evelyn Virginia Dye
RESIDENCE	Burke, Idaho.	RESIDENCE	Burke, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Hoist Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician (Physician or midwife)

Address Burke, Idaho

Given names added from a supplemental report

19

Registrar

Filed Nov. 10 1913 H C Money Registrar

R-Y CO. 20174

AUG 24 1942

331-202
040-843

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. _____ File No. 16938

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ida Maryjane Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 - 2 1913

FATHER		MOTHER	
FULL NAME	Thomas O. Clark	FULL MAIDEN NAME	Mattie Hulse
RESIDENCE	Burke Idaho	RESIDENCE	Burke, Idaho.
COLOR	White AGE AT LAST BIRTHDAY 39 (Years)	COLOR	white AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Gehr

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Burke, Idaho

Filed Sept. 1913 H C Mowery Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

696-105-040-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16939

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD George Jeremiah O'Rourke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes.	9 - 5 - 1913

FATHER		MOTHER	
FULL NAME	George O'Rourke	FULL MAIDEN NAME	Frances Barker
RESIDENCE	Burke, Idaho.	RESIDENCE	Burke, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Newfoundland	BIRTHPLACE	Newfoundland
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician (Physician or midwife)

Address Burke, Idaho

Filed Sept 19 13

H C Mowery
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

NOV 27 1944

587-125-046-753

Form V. S. [redacted]

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16940

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Helmer Erik Robert Nygord

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	8 - 25 - 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Nygord	FULL MAIDEN NAME	Senna Peterson
RESIDENCE	Burke, Idaho.	RESIDENCE	Burke, Idaho
COLOR	White — AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 40 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Gehr

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burke, Idaho

Filed Aug 19 13 H C Mowry

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-11[illegible]13

PL[illegible]

Form V. S. No. 11-C—20m-2-15-12

[illegible]

County of [illegible]

City of Black Bear

Registration District No. _____ File No. 16941

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edward Anthony Stanczak

Edward Tony Stanchak

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	9 (Month) – 12 (Day) – 1913 (Year)

FATHER		MOTHER	
FULL NAME	Tony Stanchak Stanczak	FULL MAIDEN NAME	Helena Kacmearchzak
RESIDENCE	Black Bear	RESIDENCE	Black Bear
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Miner	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. G. Gehr

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Burke, Idaho.

Filed 10-1-1913 H C Mowery

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss. JAN 1 4 1942 Certificate No. 16941

County of Whitman } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Edward Tony Stanczak (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 9-12-13 (DATE OF EVENT) in Black Bear Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 9-12-13 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edward Tony Stanczak	Edward Anthony Stanczak

Subscribed and sworn to before me this 12 day of January, 1942

D. L. Burcham

Notary Public, residing at Oakesdale

My commission expires Oct 17, 1943 (SEAL)

Signed Mrs Helen Stanczak (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Oakesdale, Wash. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.

County of Whitman }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 1942

D. L. Burcham

Notary Public, residing at Oakesdale

My commission expires Oct 17, 1943 (SEAL)

Signed Frank Clement (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Oakesdale Wn. (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By (REGISTRAR'S SIGNATURE)

JUN 24 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

418-277-016-781 Amended 3-2-71

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16942

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elma Dayley

Sex of Child Female	Twin Triplet or other? X and Number in order of birth X (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth October 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Dayley	FULL MAIDEN NAME	Elizabeth Chapman
RESIDENCE	Basin Idaho	RESIDENCE	Basin Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P O Cohan M.D.

(Physician or midwife)

Given names added from a supplemental report

None given 19.....

Address Oakley Idaho

Filed 10/15 1913 E P O Cohan

Registrar Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. FEB 10 1971

County of .....

Certificate No. 16942

Date Filed 10/15/13

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Dayley- (Name on Original Certificate) who was born (Was Born or Died) on Oct. 10, 1913 (Date of Event)

in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Dayley	Elma Dayley
Date of birth	October 10, 1913	October 12, 1913

Subscribed and sworn to before me this 8 day of February, 19 71

Notary Public, residing at Coeur d'Alene Idaho

My commission expires 1-5-1974

(Seal)

Signed Elma Dayley Dean

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho

County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of December, 1970

Notary Public, residing at Burley, Idaho

My commission expires April 29-1973

(Seal)

Signed Mary Lu Chapman

(Signature of Any Credible Person)

1443 2nd Ave Burley Idaho

(Street Address, City, State)

CL 11/30/70 1 b.c. pd. rec. # 5013

FORM DH 60-155

Church Record of birth states that Elma Dayley was born Oct. 12, 1913 in Basin, Idaho. Father's name is Charles Dayley and Mother's is Lizzie Chapman. Recorded in Cassia Stake Basin Ward Jan 4, 1914.
Viewed by V.S.

MAR 3 1971

Family Record of birth gives name as Elma Dayley born Oct. 12, 1913 at Basin, Idaho Father Charles Fredrick and mother - Elizabeth Champ Chapman. Record obviously old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

69[illegible]-016-133

[illegible]RTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of

No. St.

Hospital

Registration District No.

File No. 16943

Primary Registration District No.

Registered No.

FULL NAME OF CHILD NATHAN JESSIE Freeman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	10 (Month) 5 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles E. Freeman	FULL MAIDEN NAME	Jessie Allsberry
RESIDENCE	Aguilar Colorado	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornalive (Born alive or stillborn) at 5-03 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Olohan [illegible]

(Physician or midwife)

Given names added from a supplemental report

Nom 19

Address Oakley Idaho

Filed 10/15 1913 E P Olohan

Registrar

Registrar

S-Y CO. 20174

Form U.S. No. 11-C—20m-5-45-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 16943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 5 - 1913 (DATE OF EVENT)
in Island, Cassia Co. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about 15 yrs. ago (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Freeman	Nathan Jessie Freeman

Subscribed and sworn to before me this 19th
day of August, 19 42.

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
(SEAL)

Signed Mrs. Jessie Reed Mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #1 Filer, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of August, 19 42.

Notary Public, residing at Filer, Idaho
My commission expires April 16, 1945
(SEAL)

Signed (Aunt) Mrs Bessie Motley
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Twin Falls, Idaho 251 3rd St. E.
(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 21 1942 By
(REGISTRAR'S SIGNATURE)

AUG 24 1942

AUG 14 1963

NOV 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16944

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Vell Robinson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	9 (Month) - 25 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Franklin D. Robinson	FULL MAIDEN NAME	Ella Harper
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	75	AGE AT LAST BIRTHDAY (Years)	74
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Given names added from a supplemental report

None 19.....

Registrar

Address Oakley Idaho

Filed 10-15 1913 E P Oldham

Registrar

S-Y CO. 20174

Form K. S. No. 11-C—20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

345-217-003-419

[redacted] 1

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
[redacted]EAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. _____ File No. 1694

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Martha La Verl Runneford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	Sept. 17 1913

FATHER		MOTHER	
FULL NAME	Alvin Runneford	FULL MAIDEN NAME	Olive Martin
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

None 19....

Filed 10-15-1913 E P Oldham

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1970

453-216-016-133

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16946

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ohal Loden Mecham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	9 (Month) – 16 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Junius Mecham	FULL MAIDEN NAME	Ellen Allen
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M D
(Physician or midwife)

Given names added from a supplemental report

None 19.....

Registrar

Address Oakley Idaho

Filed 10-15 1913 E P Oldham
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1140—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUL 1 1 1974

884-207-094-693

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

STATE OF IDAHO
U OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District .....

File No. 16947

Primary Registration District No. 2093

Registered No. 90

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	June 2 1913

FATHER		MOTHER	
FULL NAME	Ernest David Hymas	FULL MAIDEN NAME	Elyna Wilcox
RESIDENCE	Liberty, Ida	RESIDENCE	Liberty
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Liberty Idaho	BIRTHPLACE	Paris, Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 8 40 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich M.D.

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed June 20 1913 A. P. Cooley

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C-20m-9-15-12

STATE OF IDAHO
U OF VITAL STATISTICS

ERTIFICATE OF BIRTH

No.

PLACE OF BIRTH

964-122-004-4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris, Ida. Registration District No. 24 File No. 16948

No. ..... St.

Primary Registration District No. 2092 Registered No. 97

Hospital .....

FULL NAME OF CHILD Forrest Solon Romero

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 22 1913

FATHER

FULL NAME Andrew Romero

RESIDENCE Paris Idaho

COLOR White AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Fairview, Utah

OCCUPATION U. S. Ranger

MOTHER

FULL MAIDEN NAME Hannie Mattsson

RESIDENCE Paris, Ida.

COLOR W. AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Mt. Pleasant, Utah

OCCUPATION Wife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley M. D.
(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed June 30 1913 A. D. Cooley
Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of

MAR 30 1942

299-228-004-344

PLACE OF BIRTH

County of Bear Lake Co

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C [redacted]

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 16950

Primary Registration District No. 2092 Registered No. 95

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			yes	June 28 [redacted] 3

FATHER		MOTHER	
FULL NAME	Walter Bird	FULL MAIDEN NAME	Sadie Sudlow
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. P. Cooley M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris, Ida.

Filed June 30 1913 A. P. Cooley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

993-121-004-291

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 16951

Primary Registration District No. 2092 Registered No. 91

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)	X	Yes	May 21 1913

FATHER		MOTHER	
FULL NAME	Morgan Jesse Rich	FULL MAIDEN NAME	Lizzie Bradley
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Paris, Idaho	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 1.45 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Richmond

(Physician ~~or midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 20 1913 A R Cooley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C -20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

855-201-004-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St. Charles

No. ..... St.

Hospital .....

Registration District No. 24 File No. 16952

Primary Registration District No. 2090 Registered No. 98

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	June 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jasper Henderson	FULL MAIDEN NAME	Alice Barker
RESIDENCE	St. Charles	RESIDENCE	St. Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Bloomington, Ida.	BIRTHPLACE	St. Charles
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley + Cooley

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris, Ida.

Filed June 10 1913 A. P. Cooley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

493-130-004-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 16953

Primary Registration District No. 2090 Registered No. 92

FULL NAME OF CHILD Jacob Preston Michaelson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	May 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Henry Michaelson	FULL MAIDEN NAME	Mary Ann Wilkes
RESIDENCE	St. Charles	RESIDENCE	St. Charles - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	St. Charles, Idaho	BIRTHPLACE	St. Charles, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 3:55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich MD

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Paris, Idaho

Filed June 20 1913 A R Cooley

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. APR 26 10 44 AM '79

Certificate No. 16953

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Michaelson (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 30, 1913 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Canon and Church Record (Bible Record, Insurance Policy, Etc.) prepared on 3-26-79 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Jacob Preston Michaelson

Subscribed and sworn to before me this 28th day of March, 1979

Notary Public, residing at Montpelier
My commission expires Lifetime
(Seal)

Signed J. P. Michaelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

144 Lincoln Montpelier Idaho 83254
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1979

Notary Public, residing at Montpelier
My commission expires Lifetime
(Seal)

Signed Audrey P. Michaelson
(Signature of Any Credible Person)

St. Charles, Idaho 83272
(Street Address, City, State)

FORM DH 60-155

CL 6/29/78 lcc pd. ~~KEK~~ sent as is

Affida Transcript from the St. Charles Ward Branch of the Bear Lake Branch - Genealogical Library Film #007,181 lists Jacob Preston Michaelson born 5/30/13 to Wm.H. and Mary A. Michaelson. Viewed by V.S. MAY 13 1979

1920 Census lists Jacob Preston Michaelson born 30 May 1913 to Wm. Michealsor viewed by V.S.

245-216-004-245

PLACE OF BIRTH

[redacted] - June 9, 1949

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

STATE OF IDAHO
[redacted] DEPARTMENT OF PUBLIC [redacted]
[redacted] BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted] BIRTH

Registration District No. 24 File No. 16954

Primary Registration District No. 2094 Registered No. 107

FULL NAME OF CHILD Drusilla Kunz
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	June 16, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Louis Orlando Kunz	FULL MAIDEN NAME: Sylvia Kunz
RESIDENCE: Bern	RESIDENCE: Bern
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Bern	BIRTHPLACE: Bern
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Ashley Corley

Physician
(Physician or midwife)

Address Montpelier, Idaho

Filed June 27 1913 A. Cooley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bear Lake }

Certificate No. 16954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Drusilla Kunz (Name on Original Certificate) who was born (Was Born or Died) on June 16, 1913 (Date of Event) in Bern, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Phyllis Kunz	Drusilla Kunz
Date of birth	June 17, 1913	June 16, 1913
Father's Name	Lewis Kunz	Louis Orlando Kunz
Mother's name	Sophia Kunz	Sylvia Kunz

Subscribed and sworn to before me this 4th day of June, 1949

W R Kunz

Notary Public, residing at Montpelier, Idaho.
My commission expires 5-17-52
(Seal)

Signed Louis O Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of June, 1949

W R Kunz

Notary Public, residing at Montpelier, Idaho.
My commission expires 5-17-52
(Seal)

Signed Deltha Zumbrennen
(Signature of Any Credible Person)

Montpelier, Idaho.
(Street Address, City, State)

Paid 16 [illegible]

JUN 10 1949

345-127-004-245

Form V. S. No. 11-C—20m-8-1[illegible]

PLACE OF BIRTH

[illegible] OF IDAHO
B[illegible]ITAL STATISTICS
[illegible]TE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Registration District No. 24 File No. 16955

Primary Registration District No. 2094 Registered No. 102

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	June 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Christian Buehler	FULL MAIDEN NAME	Mable King
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montpelier	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.40 a.m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley
(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier, Ida

Filed June 29 1913 A. P. Cooley
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C-20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

231-116
004-397

PLACE OF [redacted]

Form V. S. No. 11-C—10m-8-7-11

[redacted]O
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

16956

County of Bear Lake

City of Georgetown

No. ....., ... St.

Hospital .....

Registration District No. 24 File No. .....

Primary Registration District No. 2096 Registered No. 93

FULL NAME OF CHILD June Ambrose Black

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	June (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ambrose Black	FULL MAIDEN NAME	Alice Tippets
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Georgetown, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:17 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Georgetown, Idaho

Filed June 27 1913 A P Cooley
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 23 1961

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Bear Lake (b) City Georgetown
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Own home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 22 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Georgetown
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Georgetown, Ida.

4. FULL NAME OF CHILD June Ambrose Black

5. Date of Birth of Child (Month, day, year) June 16, 1913

6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy
9. Legitimate?

FATHER OF CHILD

10. **FULL NAME** Ambrose Black
11. Color or Race White
12. Age at time of THIS birth 26 yrs.
13. Birthplace Georgetown (City or town), Idaho (State or foreign country)
14. Exact Occupation Laborer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Alice Tippets
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Georgetown (City or town), Idaho (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at 5:56 P. M. on the date and at the place stated above, and that personal particulars were furnished by Alice (First name) Black (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bear Lake } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Emma W. (First name) Clark (Last name), who attended this birth Deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Alice Black Signature
Georgetown, Idaho P. O. Address

Subscribed and sworn to before me this 24 day of January, 1942

(SEAL) Len Aland Notary Public, residing at Montpelier Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on [illegible] by [illegible] Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

143-122
004-253

PLACE OF BIRTH

Form V. S. No. 11-[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No 24 File No. 16957

No. ....., ... St.

Primary Registration District No 2090 Registered No. 94

Hospital .....

FULL NAME OF CHILD Thomas H. Julian

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth
male				yes	June 22 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Herbert Julian	FULL MAIDEN NAME	Martha Jeane Bellis
RESIDENCE	Fossil Wyo.	RESIDENCE	Fish Haven Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 20 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lt A Hottendorf M D

(Physician or Midwife)

Address Bloomington Idaho

Given names added from a supplemental report

....., 19.....

Filed June 29 1913 [redacted] Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MAY 20 1952

815-202-004-299

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 16958

Primary Registration District No. 2098 Registered No. 99

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 2nd 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Hansens	FULL MAIDEN NAME	Menetta Kirk
RESIDENCE	Kemmer Wyo.	RESIDENCE	Kemmer, Wyo.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheriff	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12.30 A M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier, Idaho

Filed July 2 1913 A D Cooley

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

262-126
004-271

[redacted] OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 16959

Primary Registration District No. 2099 Registered No. 103

FULL NAME OF CHILD ALBERT WILLIAM BOSTROM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	June (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edd. Bostrom	FULL MAIDEN NAME	Mary J. Sparks
RESIDENCE	Gooding, Ida.	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed June 29 1913 A. D. Cooley Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 20174

DUP OF 1913-15163

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gooding

Certificate No. 16959
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Albert William Bostrum (Name on original certificate) who was born (Was born or died) on June 25, 1913 (Date of event)
in Dingle, Bear Lake Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by church records (Bible record, insurance policy, etc.) prepared on approximate birth date (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Bostrum	~~Bostram~~ Bostrom
Name	Unnamed	Albert William ~~Bostram~~ Bostrom

Subscribed and sworn to before me this 18th day of October, 1941.

Notary Public, residing at Gooding, Idaho
My commission expires 1943.
[SEAL]

Signed Edward Young Bostrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 161, Gooding, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gooding

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of October, 1941.

Notary Public, residing at Gooding, Idaho
My commission expires 1943.
[SEAL]

Signed W. G. Bissell
(Signature of any credible person other than the previous affiant.)
434 4th Ave., Gooding, Idaho.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

271-101-004-613

PLACE OF BIRTH

Form V. S. No. 11-9-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16960

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 24 File No. .....

Primary Registration District No. 2099 Registered No. 100

FULL NAME OF CHILD June Sparks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes.	June 12th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Melvin Sparks	FULL MAIDEN NAME	Emilie Wallentine
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Paris
OCCUPATION	~~[illegible]~~ Farmer	OCCUPATION	Housewife

Number of [illegible] 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E Cooley
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Registrar

Filed June 10 1913 A. Cooley
Registrar

8-Y CO.-20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 19 1968
Bureau of Vital Statistics

State of Utah
County of Salt Lake

Certificate No. 16960

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Sparks (Name on Original Certificate) who was born (Was Born or Died) on 6-7-13 (Date of Event) in Dingle (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by being the parents (Bible Record, Insurance Policy, Etc.) prepared on February 9th, 1968 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	June H Sparks

Subscribed and sworn to before me this 9th day of February, 1968
Madeleine B. Dale
Notary Public, residing at Salt Lake City
My commission expires Sept. 20, 1970
(Seal)

Signed: Melvin H. Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1511 W Clayburne
(Street Address, City, State)
Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of February, 1968
Madeleine B. Dale
Notary Public, residing at Salt Lake City
My commission expires Sept. 20, 1970
(Seal)

Signed: Emily E. Tomlinson
(Signature of Any Credible Person)
1510 West Seeset Ave
(Street Address, City, State)
Salt Lake City Utah

FORM DPH 55.155

nn 3-26-57 / 1 Copy pd.

State of Utah, County of Salt Lake, Marriage License, #55462, Sept. 11, 1928, gives full name of groom as George S. Keeler and full name of bride as June Sparks - viewed by VS.

AUG 9 1968

Satisfaction of Maortgage, Prudential Federal Savings and Loan Association, May 17, 1960, gives names of Mortgage holders as George S. Keeler and June Sparks Keeler, his wife, paid up mortgage issued June 21, 1950 - viewed by VS.

SEP 18 1972

Temporary Driver's Permit (receipt for renewal), gives name of operator as June Sparks Abrams, renewed March 1, 1957 - viewed by VS.

295-127-004-546

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF ID[redacted]

Bureau of Vital S[redacted]

CERTIFICATE OF[redacted]

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 16961

No. ....., ... St.

Primary Registration District No. 2098 Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Edward Brennan

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 27 1913

FATHER		MOTHER	
FULL NAME	John R. Brennan	FULL MAIDEN NAME	Barbara Edwards
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Dunkirk N.Y.	BIRTHPLACE	Granger. Wyo.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Delivered alive (Born alive or stillborn) at 6-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Tom Pryde

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier Idaho

Filed 5-1-1913 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

846-118-[illegible]

[illegible] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[illegible]TE OF IDAHO

[illegible] of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24

File No. 16962

No. ....., ... St.

Primary Registration District No. 2098

Registered No. .....

Hospital .....

FULL NAME OF CHILD Roscoe Charles Huff

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 18, 191[illegible]

FATHER		MOTHER	
FULL NAME	Howard Huff	FULL MAIDEN NAME	Gladys Nelson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	~~Nebraska~~ Colorado	BIRTHPLACE	Pegram, Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was delivered alive (Born alive or stillborn), at 11-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Poynter

[illegible] (Physician [illegible])

Address Montpelier [illegible]

Filed May 1st 1913 [illegible]

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

SEP 1

PLACE OF BI

(SECOND

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 16762
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH** (All items at time of this birth)
(a) County Bear Lake (b) City Montpelier
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home.
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 21 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 21 yrs.

3. **RESIDENCE OF FATHER** (city, state) Montpelier Idaho

4. **FULL NAME OF CHILD** Roscoe Charles Huff

5. Date of Birth of Child (Month, day, year) 4/18/1913

6. Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Howard Huff
11. Color or Race White
12. Age at time of THIS birth 27 yrs.
13. Birthplace Colorado. (City or town) (State or foreign country)
14. Exact Occupation O. S. L. Ry trainman.
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Gladys Annie Nelson
17. Color or Race white
18. Age at time of THIS birth 21 yrs.
19. Birthplace Pegram, Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife.
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 1% Sol. Nitrate Silver
23. Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Gladys (First name) Huff (Last name), who is related to this child as mother. (Mother, etc.)

25. Attendant's **OWN** signature [signature] M.D. Midwife Address 2623 Pine Del Vista Dr Altadena Calif Date 8-24-42

State of
County of } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Signature

P. O. Address

Subscribed and sworn to before me this day of , 19

(SEAL) Notary Public, residing at

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on SEP 13 1942 by , Registrar.

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

292 -206
004-386

OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No.....St.

Registration District No. 24 File No. 16963

Primary Registration District No. 2098 Registered No.....

Hospital

FULL NAME OF CHILD [redacted] Lanor Bissegger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 6th 19[redacted]

FATHER		MOTHER	
FULL NAME	Adolph Bissegger	FULL MAIDEN NAME	Julia Thornton
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	White	AGE AT LAST BIRTHDAY (Years)	54
COLOR	White	AGE AT LAST BIRTHDAY (Years)	[redacted]
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 36 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D.

(Physician or Midwife)

Address Montpelier Idaho

Filed May [redacted] 19[redacted] [signature]

Deputy Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C -10m

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

235-107-004-75-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Registration District No. 24 File No. 16964

Primary Registration District No. 2098 Registered No. .....

FULL NAME OF CHILD Earl Edwin Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	May 7th 1913

FATHER		MOTHER	
FULL NAME	John Edwin Stephens	FULL MAIDEN NAME	Louise Perkins
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8:40 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. H. Krueger M.D.

(Physician or Midwife)

Address Montpelier Idaho

Filed May 8th 1913 A. H. Krueger M.D. Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

K

Form V. S. No. 11-C -10m-8-7

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MOTHER

30

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED BUREAU OF VITAL STATISTICS JUN 26 3 32 PM '72

Certificate No. 16964

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Stephens (Male) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Earl Edwin Stephens

Subscribed and sworn to before me this 22 day of June, 19 72

Notary Public, residing at Montpelier Idaho

My commission expires 2-10-76

(Seal)

Signed Patricia A. Stephens Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 19 72

Notary Public, residing at Montpelier Idaho

My commission expires 2-10-76

(Seal)

Signed Stanley R. Parkes
(Signature of Any Credible Person)

Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/15/72 MM lbc pd. rec. # 39407

Certif. of Ordination to the Holy Priesthood gives name as Earl E. Stephens. Was ordained a Priest on Jan. 24, 1932. Date of birth May 7, 1913 and Baptized Wm. J. Crocket on Sept. 2, 1921. Viewed by V. S

JUL 12 1972

Marriage Certificate from Utah gives groom's name as Earl Edwin Stephens and the bride's name as Lillie Rose Teuscher. Dated June 6, 1934. Viewed by V. S.

384-124-004-113

PLACE OF BIRTH

Form V. S. No. 11-C-1[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Registration District No. 24 File No. 16965

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 24, 1913

FATHER		MOTHER	
FULL NAME	Dave Chugg	FULL MAIDEN NAME	Sarah Jacobsen
RESIDENCE	Norman	RESIDENCE	Norman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Ranching	OCCUPATION	Homewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier Idaho

Filed 5-1-1913 [illegible] Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

245-217-004-

Amended 11-30-56

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 16968

Primary Registration District No. 2134 Registered No. .....

FULL NAME OF CHILD Not Named Margaret Buck

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Sept 17 1913

FATHER		MOTHER	
FULL NAME	Charles H. Buck	FULL MAIDEN NAME	Florence Barrett
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Baltimore, Md.	BIRTHPLACE	Montpelier
OCCUPATION	R R Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don Poyeler

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier Ida

Filed 15/15 1913 H H King

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 16966

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Not named (Name on Original Certificate) who was born (Was Born or Died) on Sept. 17, 1913 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on January 4, 1926 (Give Date) School Record Sept 12, 1927 Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Margaret Buck

Subscribed and sworn to before me this 21st day of November, 19 .....
Ruth Aland
Notary Public, residing at Montpelier
My commission expires .....
(Seal)

RUTH ALAND Notary Public Idaho My Commission Expires March 6, 1960

Signed Florence Buck (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Montpelier Idaho 719 Lincoln
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of November, 1956.
Ruth Aland
Notary Public, residing at .....
My commission expires .....
(Seal)

RUTH ALAND Notary Public Idaho My Commission Expires March 6, 1960

Signed Lurena Bowcutt
(Signature of Any Credible Person)
739 Lincoln Montpelier Ida
(Street Address, City, State)

FORM DPH 55. 155

NOV-8

AUG 1 5 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

-122-004-96

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 16967

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ~~Kenneth Dale Scott~~

Sex of Child: Male	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Sept 22 (Month) (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	Jay F. Scott	FULL MAIDEN NAME	Alice Roop
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Dorchester Neb	BIRTHPLACE	Dorchester Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Poynter

~~[illegible]~~ M.D.

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

....., 19....

Filed 10/15 1913 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. 349-127-004-434 St.

Registration District No. 52 File No. 16968

Hospital

Primary Registration District No. 2136 Registered No.

FULL NAME OF CHILD Robert Owen Curran

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	Sept. 27th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Curran	FULL MAIDEN NAME	Marguerite McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Idaho
OCCUPATION	Loco Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H King MD

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Montpelier Ida

..., 19...

Filed 10/1/1913 H H King MD Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 3 1

MAR 2 1 1973

SAVE FROM BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] OF BIRTH

County of Bear Lake

BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

City of Paris

844-202-004-395 Registration District No. 53

No. ..... St. Type No. [redacted]

Primary Registration District No. 7137 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Sept 2 1913

FATHER	MOTHER
FULL NAME John Henry Humpherys	FULL MAIDEN NAME Lillian Lula Lindsay
RESIDENCE Paris, Idaho	RESIDENCE Paris Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Paris, Idaho	BIRTHPLACE Paris, Idaho
OCCUPATION Electrician Power Plant	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or ~~midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 9 1913 W. L. Rich Registrar

..... Registrar

B-Y CO. 20174

797-125-004-818

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

Registration District No. 53

Primary Registration District No. 2132

File No. 16970

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X and	1	Yes	Sept 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Piggott	FULL MAIDEN NAME	Enid Hayward
RESIDENCE	Bloomington Ida	RESIDENCE	Bloomington Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... one

Number of children of this mother now living, including present birth ..... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed Sept 26 1913 Wm L Rich

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1975

993-204-004-967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 16-C-20m-2-15-12

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 53

File No. 16971

No. ..... St.

Hospital Rich Private Hospital

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD Nada Rich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	Sept 4 1913

FATHER		MOTHER	
FULL NAME	Jesse Pomeroy Rich	FULL MAIDEN NAME	Louise Rogers
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	County attorney	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm LeRich

(Physician or ~~midwife~~)

Address Paris, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 10 1913 Wm LeRich

Registrar

..... Registrar

8-Y CO. 20174

RECEIVED
FEB 25 1958
Bureau of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake

Certificate No. 16971
Date Filed Feb. 24th 1958

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Rich (Name on Original Certificate) who born (Was Born or Died) on Sept. 4, 1913 (Date of Event) in Paris (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 12, 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Nada Rich

Church Records - Nov. 2, 1913 Viewed by v.s.

Subscribed and sworn to before me this 24th day of February, 1958

Notary Public, residing at Salt Lake City, Ut.
My commission expires Jan 12, 1960
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4620 Highland Drive
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February 1958

Notary Public, residing at Salt Lake City, Utah
My commission expires Jan 12, 1960
(Seal)

Signed Mrs. Pearl S. Ashton
(Signature of Any Credible Person)
1710 S. 4-20 So.
(Street Address, City, State)

FORM DPH 55.155

NNCL 2-19-58 1 copy paid

JAN 5 1967

FEB 26 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Coun[redacted]

City of Fish Haven

No. 236-207-004-386 St.

Registration District No. _____ File No. 16972

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	Sept 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Colsen Stock	FULL MAIDEN NAME	Sophia Thompson
RESIDENCE	Fish Haven, Idaho	RESIDENCE	Fish Haven, Idaho
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Fish Haven, Idaho	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 2:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19__

Address Paris, Idaho

Filed Oct 1913 Wm L Rich

Registrar

Registrar

S-Y CO. 20174

FEB 6 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...BIRTH

Co... Bear Lake

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Montpelier

231-224-004-249

No. ..... St.

Registration District No. 57

File No. 16973

Primary Registration District No. 2136

Registered No. .....

Hospital .....

FULL NAME OF CHILD none

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Single (To be answered only in event of plural births)	1st	yes	9 24 1912

FATHER		MOTHER	
FULL NAME	Winfield S. Staley	FULL MAIDEN NAME	Anna Burney
RESIDENCE	Montpelier Ida.	RESIDENCE	Montpelier Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44 yrs
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	U. S.	BIRTHPLACE	U.S.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

(Signature) E. F. Kenyon

Physician

(Physician or Midwife)

Address Montpelier Ida

Filed Oct 19 12 W. W. King Registrar

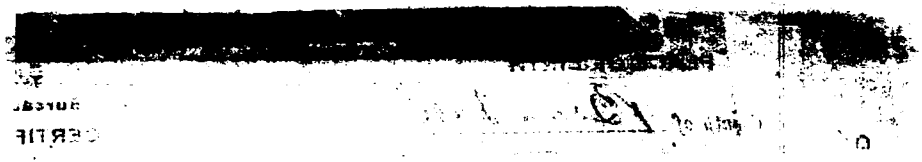
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Bureau of [redacted]

CERTIFICA[redacted]TH

County of Cassia

City of Jackson

No. 389-212-016-319, St.

Registration District No. _____ File No. 16976

Hospital _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Astrid Christensen

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	3 (Month) 12 (Day)

FATHER		MOTHER	
FULL NAME	Carl Christensen	FULL MAIDEN NAME	Caroline Larsen
RESIDENCE	Jackson	RESIDENCE	Jackson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of [redacted] living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or st[redacted]) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

Physician

[redacted] or Midwife)

Given names added from a supplemental report

_____, 19__

Address Rupert Idaho

Filed Mar 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

7 24 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 9 11 22 AM '75

State of Idaho
County of Ada } ss.

Certificate No. 16976

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Christensen (Name on Original Certificate) who was born (Was Born or Died) on Mar. 12, 1913 (Date of Event)
in Jackson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Astrid Christensen

Subscribed and sworn to before me this 26th day of January, 19 75

Notary Public, residing at Boise, Idaho

My commission expires 7/10/1977
(Seal)

Signed Astrid Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of January, 19 75

Notary Public, residing at Boise, Idaho

My commission expires 7/10/1977
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate - Eula Astrid Kuelbi born June 4, 1935 at Salmon, Idaho, State File # 234474 gives mothers name as Astrid Christensen. Viewed by VS

Social Security Card (519-44-3534) gives name as Astrid Church. viewed by VS

JAN 9 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of 432-226 009-791

Registration District No. 81 File No.

No. , St.

Primary Registration District No. 2158 Registered No. 5

Hospital

FULL NAME OF CHILD Kathleen ~~Elizabeth~~ Isabell McKenzie

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	yes	Oct 26, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Kenneth McKenzie	FULL MAIDEN NAME	Rose Pratt
RESIDENCE	Vicinity Priest River	RESIDENCE	Vicinity Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address Priest River Ida

Filed Nov 4 1913 E. Denton McC

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 16977

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kathlene Elizabeth McKinzie (Name on Original Certificate) who Born (Was Born or Died) on October 26, 1913 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins. Policy #115505 Bankers Life Co. (Bible Record, Insurance Policy, Etc.) prepared on March 15, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kathlene Elizabeth McKinzie	Kathleen Isabell McKenzie
Father's Name	McKinzie	McKenzie
Mother's Name	Rose Piatt	Elizabeth Rose Piatt

Subscribed and sworn to before me this 15 day of March, 1944.

E. L. Davis
Notary Public, residing at Coeur d'Alene
My commission expires August 20, 1945
(Seal)

Signed Marion McKenzie (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1005 Foster Ave. Coeur d'Alene Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1944.

E. L. Davis
Notary Public, residing at Coeur d'Alene
My commission expires August 20, 1945
(Seal)

Signed Minnie K. Bradley.
(Signature of Any Credible Person Other Than Previous Year)

518 7th St. Coeur d'alene, Idaho.
(Street Address, City, State)

NOV 2 0 1972

MAR 2 0 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PL[redacted] IDAHO Form V. S.

[redacted] Statistics

County of Bonner CE[redacted]TE OF BIRTH

City of Priest River Registration District No. 81 File No. 16978

No. 439-231-009-219 St.

Primary Registration District No. 2158 Registered No. 4

Hospital

FULL NAME OF CHILD Lisle ~~Ford~~ Barrow McIntyre

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Oct 31 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Norman McIntyre	Laura Barrow
RESIDENCE	Upper West Branch	Upper West Branch
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Ill.	Ill
OCCUPATION	School Teacher	House wife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-15 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician

(Physician or Midwife)

Address Priest River Ida

Given names added from a supplemental report

....., 19.....

Filed Nov 5 1915 E. Denton McCarty

Registrar

.....

Registrar

S-Y CO., 16670

MAY 1 2 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King

Certificate No. 16973

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lisle Barrow McIntyre (Name on Original Certificate) who born (Was Born or Died) on Oct. 31, 1913 (Date of Event)
in Priest River, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by parental birth (Bible Record, Insurance Policy, Etc.) prepared on Oct. 31, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
year of birth	1911	Oct. 31 1913

Subscribed and sworn to before me this 21
day of June, 1944

Notary Public, residing at Seattle

My commission expires 11-3-47
(Seal)

Signed Laura Pettis McIntyre
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8502 Palatine ave. Seattle Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed ~~and~~ sworn to before me this 21st
day of June, 1944

Notary Public, residing at Seattle

My commission expires 11-3-47
(Seal)

Signed Dorothy P. Miles
(Signature of Any Credible Person Other Than Previous Year)

8631 Palatine Seattle
(Street Address, City, State)

AUG 14 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Franklin School Dis. Registration District No. 8 File No. 16979

No. 843-205-001-132 St.

Primary Registration District No. 2004 Registered No. 211

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
L		L	June (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hans Hutteball	FULL MAIDEN NAME	Lilly Albertson
RESIDENCE	Franklin School Dis	RESIDENCE	Franklin School Dis
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	H. W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report

6-30 Address Boise

M. S. Parker Filed 6/30 1913 M. S. Parker

Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BI[illegible]

[illegible] OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada 795-205 001-528

City of Boise

Registration District No. 8

File No. 16930

No. Intermountain St Ranch

Primary Registration District No. 2004

Registered No. [illegible]

Hospital

FULL NAME OF CHILD Laura Caroline Grebe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f.		Yes.	June (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo W Grebe	FULL MAIDEN NAME	Elbie E. Eby
RESIDENCE	Intermountain Ranch	RESIDENCE	Intermountain Ranch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Ida
OCCUPATION	Manufacturer	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bowk

(Physician or midwife)

Given names added from a supplemental report

6/30 [illegible] 1913

Address Boise Ida

[illegible] Registrar

Filed June 30 1913

[illegible] Registrar

S-Y CO. 20174

PLACE FOR SEAL

County of

249-120-016-6

Form V. S. No.

PLACE OF BIRTH

County of Cassia

City of Malta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 16981

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ralph Obary Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Oct. 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Obary Smith	FULL MAIDEN NAME	Lillie Leona Osterhout
RESIDENCE	Malta Idaho	RESIDENCE	Malta Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Paradise Utah	BIRTHPLACE	Elba Idaho
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malta Idaho

Filed Oct 1913 C I Sater

Registrar

Registrar

8-Y CO. 24665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 - 367155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. 266-117-004-799 St.

Hospital

Registration District No. 53

Primary Registration District No. 2132

Form V. S. No. 11-C-[illegible]-12

[illegible] OF IDAHO
[illegible] OF VITAL STATISTICS
[illegible] OF BIRTH

File No. 16982

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Oct 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Boothe	FULL MAIDEN NAME	Phebe Price
RESIDENCE	St Charles, Idaho	RESIDENCE	St. Charles, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	St Charles, Idaho	BIRTHPLACE	Paris, Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live Oct 17-1913, at 10:15 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

Physician
(Physician or midwife)

Given names added from a supplemental report

19

Address Paris, Idaho

Filed Nov 5 1913 Wm L Rich
Registrar

Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-131-004-613

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 53

Primary Registration District No. 2137

File No. 16983

Registered No. ____

FULL NAME OF CHILD DAWSON JOHN WILKS

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X (To be answered only in event of plural births)		X	Yes	Oct 31

FATHER		MOTHER	
FULL NAME	John Henry Wilks	FULL MAIDEN NAME	Mabel Wallentine
RESIDENCE	Bloomington Ida	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Almo Wyoming	BIRTHPLACE	Paris, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 31-1913 at 11 15 p M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician ~~or midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 7 1913

Wm L Rich
Registrar

.....
Registrar

8-Y CO. 20L74

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 23 1975

AUG 2 8 1942

285-103-004-862

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Registration District No. 53 File No. 16984

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Oct 9 1913

FATHER		MOTHER	
FULL NAME	Edwin Tracy Shepherd	FULL MAIDEN NAME	Eliza Roberts
RESIDENCE	Paris, Idaho	RESIDENCE	Paris, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Paris Idaho	BIRTHPLACE	Liberty, Idaho
OCCUPATION	Clerk in Gen. Mdse. Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) on the date above stated. at 1:40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician ~~or midwife~~)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 7 1913 W. L. Rich

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

165-121004-585

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 16985

Primary Registration District No. 2137 Registered No. .....

FULL NAME OF CHILD Harrison Charles Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	Oct 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harrison R. Jones	Catherine Vincent
RESIDENCE	Paris, Idaho	Paris, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Richfield, Utah	Evanston, Wyo.
OCCUPATION	Brakeman O & L Ry	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Oct 21-1913, at 4:15 a m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician, or midwife)

Address Paris, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 7 1913 Wm L Rich Registrar

8-Y CO. 20174

JUL 29 1970

NOV 24 1948

115-009-396

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. _____ File No. 16986

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FULL NAME OF CHILD Robert Daniel Meeker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Sept. 15 1913

FATHER		MOTHER	
FULL NAME	Jesse R. Meeker	FULL MAIDEN NAME	Margaret S. Troland
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Penn.
OCCUPATION	Blacksmith.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 P.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fox

Physician (Physician or midwife)

Address Bonners Ferry, Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 18 19 13 E E Fox Registrar

S-Y CO. 24698

PLACE OF BIRTH

[redacted]

414-125-009-218

PLACE OF BIRTH

Form V. S. No. 11-C—25m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Copeland.

Registration District No. ..... File No. 16987

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Theodore Wayne Maul

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes.	Sept. 25 1913.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thos. Maul	FULL MAIDEN NAME	Mary E. Bayliss
RESIDENCE	Copeland, Idaho.	RESIDENCE	Copeland, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Ohio	BIRTHPLACE	Wis.
OCCUPATION	Merchant.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician

(Physician or midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Sept. 25 1913. E. E. Fry Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

65*9 – 211-009-433

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. File No. 16988

No. St.

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD Elmina Talla Feist.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.	—	—	yes	Sept. 11 1913

FATHER		MOTHER	
FULL NAME	J. Edward Feist.	FULL MAIDEN NAME	Elizabeth Mc Laughlin
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Colorado.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fay
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed Sept. 14 1913. E E Fay
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

388

PLACE OF BIRTH

DEC 10 1941

MAY 20 1976

753-111-009-354

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Addie

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

16990

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Walter Earl Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm E. Peterson	FULL MAIDEN NAME	Maud E. Lewrwick
RESIDENCE	Addie, Idaho.	RESIDENCE	Addie, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Lawrence, Wisconsin	BIRTHPLACE	Joplin, Missouri
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Idaho

Filed Oct 11 1913 E. E. Fox
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 16990

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Peterson (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 11, 1913 (Date of Event)
in Addie, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policies (Bible Record, Insurance Policy, Etc.) prepared on 8/1/1935 - 7/13/1938 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Walter Earl Peterson

Subscribed and sworn to before me this 19 day of
August, 19 63

Notary Public, residing at Portland Oregon
My commission expires My Commission Expires Jan. 14, 1965
(Seal)

Signed X Maude E. Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

737 SE 166 Place Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON
County of Multnomah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of
August, 19 63

Notary Public, residing at Portland, Oregon
My commission expires My Commission Expires Oct. 31, 1963
(Seal)

Signed Catherine L. Tibbs
(Signature of Any Credible Person)

737 S.E. 166th Place, Portland, Oregon
(Street Address, City, State)

FORM DH 60-155 CL 4-26-63. nm

9-11-63

Insurance policy, issued by American National Insurance Company of Galveston, Texas, gives name of applicant as Walter Earl Peterson. Policy issued August 1, 1935. Viewed by V. S.

Insurance Policy, issued by Guarantee Mutual Life Company of Omaha, Nebraska, gives name of applicant as Walter Earl Peterson. Policy issued July 20, 1938. Viewed by V. S.

SEP 17 1963

533-124-009-459

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Bonners Ferry Registration District No. File No. 16992

No. St.

Hospital Bonners Ferry Primary Registration District No. Registered No.

FULL NAME OF CHILD Elliott.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Oct. 24 1913

FATHER

FULL NAME: E. E. Elliott

RESIDENCE: Bonners Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 53. (Years)

BIRTHPLACE: Ohio.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Virginia McIntosh.

RESIDENCE: Bonner Ferry, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 32. (Years)

BIRTHPLACE: Oregon

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1 Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician. (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

.....
Registrar

Filed Oct. 27 19 13. E. E. Fry.
Registrar

8-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

City of [illegible]

433-126-009-193

PLACE OF BIRTH

Form V. S. No. 11-C—2m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. ..... File No. 16993

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital Bonners Ferry

FULL NAME OF CHILD Frederick Archibald McCall.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Oct. 26th 1913.

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Liberius McCall	FULL MAIDEN NAME	Florence Archibald.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Wis.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician (Physician or midwife)

Given names added from a supplemental report, ... 19....

Address Bonners Ferry, Ida.

Filed Oct. 30 19 13. E. E. Fry Registrar

..... Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 1 1970

785-13
009-96
PLACE O[redacted]

Form V. S. No. 11-C—25m

[redacted] OF IDAHO
BU[redacted] VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. _____ File No. _____

No. _____ St.

16994

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Earl LeRoy Gheseger.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes.	Oct. 27 (Month) (Day) 1913. (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Gheseger.	FULL MAIDEN NAME	Emma Kovick.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36. (Years)	AGE AT LAST BIRTHDAY	20. (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Penn.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Oct. 31 - 19 13. E. E. Fry, Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUL 11 [illegible]

595-239-009-944

Amended 5/17/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 16995
Local Reg. No.
Reg. Dist. No.

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Bonner

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bonners Ferry, Ida.

d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)

a. (First): Clara

b. (Middle): Olivia

c. (Last): Linden

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 30, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Tory

b. (Middle):

c. (Last): Linden

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
36 YEARS	Sweden	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Gunda

b. (Middle):

c. (Last): Rudd

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Bonners Ferry, Ida.	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: E. E. Fry

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bonners Ferry, Ida.

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Oct. 31, 1913

22. REGISTRAR'S SIGNATURE: E. E. Fry

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER

RACE OR COLOR OF MOTHER

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 9 10 11 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 16995

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Clara Olga Linden (Name on Original Certificate) who was born (Was Born or Died) on Oct. 30, 1913 (Date of Event) in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism & Confirmation (Bible Record, Insurance Policy, Etc.) prepared on 6/1/28 + 12/25/13 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Clara Olga Linden	Clara Olivia Linden

Subscribed and sworn to before me this 4th day of April 1973

Asan M. Hyden

Notary Public, residing at Spokane

My commission expires 7/10/73

(Seal)

Signed Clara Olivia Linden Smith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

S. 2501 Browne, Spokane, Wash 99203

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1973

Asan M. Hyden

Notary Public, residing at Spokane

My commission expires 7/10/73

(Seal)

Signed Ina Johnson Patty

(Signature of Any Credible Person)

E 2651-38th Spokane Wash 99203

(Street Address, City, State)

FORM DH 60-155 CL 2/23/73

Blessing certif. from Lutheran Church (in German) gives name as Clara Olivia. Lindne. Born Oct. 30, 1913. Father's nzme as T. B. Linden and Huster Gunda Helena. Was Blessed December 25, 1913. Viewed by V. S.

Confirmation certif. gives name as Clara Olivia Linden born Oct. 30, 1913. Was confirmed June 17, 1928.in The American Lutheran Church, Newport. Wash. Viewed by V. S.

356-230-009-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. .....

File No. 16996

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Mary Adelaide Lefebre.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes.	Oct. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S. L. Lefebre.	FULL MAIDEN NAME	Mary Adelaide Riel
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Quebec.	BIRTHPLACE	Mich.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Bonners Ferry, Ida.

Filed Nov. 1 1913 E. E. Fry.
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-101-009 8-19

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. File No. 16997

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Gordon Wallace Johnson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Nov. 1 1918.

FATHER		MOTHER	
FULL NAME	Emil A. Johnson	FULL MAIDEN NAME	Catharine Hazen.
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34.
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Clerk (Dry Goods)	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Nov. 2a. 19 18. E. E. Fry Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 24 1941

PLACE OF BIRTH

458-223-009-314

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITA[redacted]
CERTIFICATE [redacted]

County of Bonner

City of Copeland Registration District No. _____ File No. 16998

No. _____ Ida St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Elvira Christenia Dehlbom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Oct 23 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Julius Wilhem Dehlbom	FULL MAIDEN NAME Grace Hazel Lambertson
RESIDENCE Copeland Idaho	RESIDENCE Copeland Ida
COLOR White AGE AT LAST BIRTHDAY 18 (Years)	COLOR Medium Blond AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Wilmar Mann	BIRTHPLACE Washburn Wis
OCCUPATION Workman	OCCUPATION [illegible]

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

X (Signature) Mrs A Gudbaur
Midwife
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Copeland

Filed Oct 31 1913 E E Fm

_____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITAL
CERTIFICATE OF

PLACE OF BIRTH

313-119 014-255

[redacted] S. No. 11-C-[redacted]

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF B[redacted]

City of Emmett Registration District No. 2010 File No. 16999

No. ..... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD William Richard CALLENDER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	—		—	Yes	10 (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Quincy Jessie Callender	FULL MAIDEN NAME	Marjory E Kennedy
RESIDENCE	Ola Idaho	RESIDENCE	Ola Ida
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Minn
OCCUPATION	Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Emmett Idaho

Filed 10-25 13 J L Reynolds
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JAN 25 1955

[redacted]

FEB 18 [redacted]

[redacted]

County of Canyon — CERTIFICATE OF BIRTH

City of Emmett — Registration District No. 2010 — File No. 17000

269 - 225-014-254

No. ____, ____ St.

Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	##		##	yes	Oct. 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Sorenson	Etta Beutler
RESIDENCE	Emmett Ida.	same
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	Rancher	Hw.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) B. D. Clark MD

(Physician or Midwife)

Address Emmett Ida

____, 19____

____ Registrar

Filed 11-4, 1913 J. C. Reynolds Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

793-209
014-466

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

[illegible] HO
[illegible] TATISTICS
[illegible] BIRTH

County of Canyon

City of Emm[illegible]

Registration District No. [illegible]

File No. 17001

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ellen Margaret Gilbride

Sex of Child	Twin Triplet or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. (Month) 9th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Michael ~~Mike~~ Gilbride	FULL MAIDEN NAME	Ellen Moore
RESIDENCE	Emmett Ida.	RESIDENCE	same
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth # 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was live (Born alive or stillborn) at 1.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark Md.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Emmett Ida

Filed 11-4- 1913 J. L. Reynolds Registrar

Registrar

S-Y CO. 20174

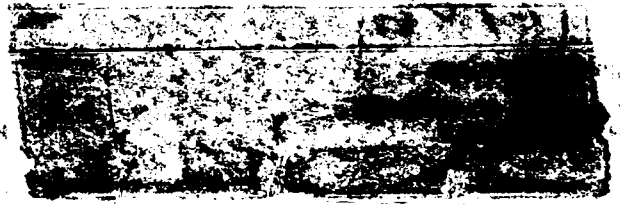
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 27, 1941. E.W.

JAN 10 1966



456-210-014-515

PLACE [redacted] V. S. No. 11-C—20m-8-15-12

[redacted]

County of Ca[redacted]

City of

[redacted] District No. 2210 File No. 17002

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Estella Hermoine Dewey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	##	##	yes	Oct 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. W. Dewey	FULL MAIDEN NAME	Ruby J. Hansen
RESIDENCE	Emmett Ida.	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Hw.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was -alive at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or midwife)

Given names added from a supplemental report

19

Address Emmett

Filed 11-4 1913 J. L. Reynolds Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 4 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17002

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Estella Hermaine Dewey

Subscribed and sworn to before me this 23 day of Oct 1943

Pauline Ambrose

Notary Public, residing at Boise

My commission expires 1/14/47

(Seal)

Signed Mrs. Ruby Tolley.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

459-110-014-168

PLACE OF BIRTH

Form V. S. No. 11-C—15m-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 17003

No. ____, ____ St.

Primary Registration District No. 1008

Registered No. 262

Hospital ____

FULL NAME OF CHILD Kenneth O. Mercer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	10	yes	Oct 10, 1913

FATHER	MOTHER
FULL NAME Valentine Mercer	FULL MAIDEN NAME Anna Johnson
RESIDENCE Payette	RESIDENCE Payette
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE Adell Iowa	BIRTHPLACE Crete Neb
OCCUPATION Farmer	OCCUPATION Housewife.
Number of child of this mother, including present birth 10	Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Barton M.D.

Payette Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address .....

Filed Sep. 13 1913 J. C. Woodward

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. ~~x8xxx3~~ 17003

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Mercer (Name on Original Certificate) who was born (Was Born or Died) on September 10, 1913 (Date of Event)

in Payette, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Mercer	Kenneth O. Mercer

Subscribed and sworn to before me this 3 day of February, 1977

Margaret Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed x Sarah C. Mercer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

x Rt 3 Emmett, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

High school diploma issued by Payette High School 19 May 1933 gives name as Kenneth O. Mercer. viewed by V.S.

National Guard Record dated 29 July 1946 gives name as Kenneth O. Mercer viewed by V.S.

FEB 3 1977

414-202-014-Ada

PLACE OF BIRTH 255

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Emmett Registration District No. File No. 17004

No. St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Eilene Katheryn Manes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10-2-1913

FATHER		MOTHER	
FULL NAME	Guy Barton Manes	FULL MAIDEN NAME	Martha Kenan
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	[illegible] (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 — M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report.

..... 19....

Filed 10-8 1913 J. L. Reynolds Registrar

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]3-014-955

Oct

Form V. S. No. 11-C-[illegible]

[illegible] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 2010

File No. 17005

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Gladys Barnes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)		Yes	Oct (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Claud Lee Barnes	FULL MAIDEN NAME	Lula Genevieve Reed
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Ranching	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or midwife)

Given names added from a supplemental report.

19

Address Emmett Idaho

Filed 10-8-1913 J. L. Reynolds Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

COLOR

DUP OF 1913-341266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789 - 118-014-396

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett P O

Registration District No. 2010 File No. 17006

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD LON RAYMOND PHILLIPS

Sex of Child Male | Twin, Triplet or other? — | and | Number in order of birth — | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 10-18 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alonzo Harrison Phillips	FULL MAIDEN NAME	Belva Cronk
RESIDENCE	Pinehurst, Ida.	RESIDENCE	Pinehurst, Ida
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	30
COLOR	W	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ark.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1-1-13 J. L. Reynolds Registrar

S-Y CO. 24656

NAME OF CHILD Don Raymond Phillips — 5. Date of Birth (Month, day, year) Oct 18-1913

Male — 7. Twin or Triplet — If so—born 1st, 2nd, 3rd — 8. No. months of Pregnancy 9 — 9. Legitimate? Yes

FATHER OF CHILD

Elonzo Harrison Phillips

ce White — 12. Age at time of THIS birth 30 yrs.

place Eureka Springs Ark.
(City or Town) (State or foreign country)

ation Farmer

try or ess General farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Belva Lockwood Crank

17. Color or Race White — 18. Age at time of THIS birth 23 yrs.

19. Birthplace Ord Nebr.
(City or Town) (State or foreign country)

20. Exact Occupation House wife

21. Industry or Business Farm

prophylactic used to prevent Ophthalmia Neonatorum 1% Silver Nit.

er of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

orn alive and now dead 0 (d) Stillborn 0

REBY CERTIFY That I attended the birth of this child, who was Alive at 6 P M. on the date
(born alive, stillborn)

id at the place stated above, and that personal particulars were furnished by Belva Crank, who is
(First name) (Last name)

d to this child as Mother
(Mother, etc.)

10-3-42 (b) J K Reynolds
Date received) (Registrar's signature)

name added on ..... by .....
(Registrar's signature)

25. Attendant's OWN signature J K Reynolds M.D.
(D.O., Midwife, etc.)

and address Emmett Date 10-3-42

JAN 1 5 1975

OCT 9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 223-014-25-6

PLACE OF BIRTH

Form V. S.-No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett P.O. Registration District No. 2010 File No. 17007

No. ..... St.

Hospital ..... Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Doris Fern Parrish

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	—	yes	10 - 12 - 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Whitney Parrish	FULL MAIDEN NAME: Ella F Knox
RESIDENCE: Emmett Ida	RESIDENCE: Emmett Ida
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: New York State	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds M.D.
(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-25-1913 J L Reynolds
Registrar

S-Y CO. 24655

APR 24 1967

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

BUREAU [illegible]

[illegible] of Oroyhee

City of De Lamar

No. 199-223 / 037-919 St.

Hospital

Registration District No. 30 File No. 217008

Primary Registration District No. 2123 Registered No. 8

FULL NAME OF CHILD MARY LOUISE Arrascada.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	July 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Vincent Arrascada	FULL MAIDEN NAME	Carmen Zarraga.
RESIDENCE	De Lamar	RESIDENCE	De Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain.
OCCUPATION	Miner	OCCUPATION	H.W.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive — (Born alive or stillborn) at 9.30 A. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. L. Farrer.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address De Lamar

Filed Oct 29 1913 T. L. Farrer

Registrar

S-Y CO. 20174

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of NEVADA, } ss.
County of ELKO }

Certificate No. 17008

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Arrascada (Name on Original Certificate) who was born (Was Born or Died) on July 23, 1913 (Date of Event)
in DeLamar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by our, Family Bible (Bible Record, Insurance Policy, Etc.) showing that prepared on Nov. 1, 1913 (Give Date)
Baptized by Rev. Bernardo Arregui, Catholic Priest, DeLmar Idaho, as Mary Louise

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Viewed by Vital Statistics -Over	
Child's name	Missing	Mary Louise Arrascada

Subscribed and sworn to before me this 7th day of February, 1956

Notary Public, residing at Elko, Nevada,
My commission expires June 18, 1959
(Seal)

Signed Carmen Arrascada
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother.
832 Court St. Elko, Nevada.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of NEVADA, } ss.
County of ELKO }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th. day of February, 1956

Notary Public, residing at Elko, Nevada.
My commission expires June 18, 1959
(Seal)

Signed Domingo Arrascada
(Signature of any Credible Person) Uncle & God-Father.
832 Court St. Elko, Nevada.
(Street Address, City, State)

FORM DPH 55. 155

MAR 21 1956

Confirmation Certificate Mary 17, 1935

Marriage Certificate November 2, 1940

255-112-037-868

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of DeLamar

No. ..... St.

Hospital .....

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 2 17009

Primary Registration District No. 2123 Registered No. 9

FULL NAME OF CHILD Arthur George Snell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Aug 12 (Month) (Day) 191[illegible] (Year)

FATHER

FULL NAME Joseph Snell

RESIDENCE DeLamar

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE England

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Fannie Rohling

RESIDENCE DeLamar

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE England

OCCUPATION H. W.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive — (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Farmer

Physician (Physician or midwife)

Address DeLamar

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed Oct 24 1913 J. D. Farmer
Registrar

8-Y CO. 20174

Form V.S.-1-A (Rev. 1-60)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

Amended 6/4/71

PLACE OF BIRTH 319-45-037-495

County of Owyhee

City of D'Lamar

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 217010

Primary Registration District No. 2123 Registered No. 7

FULL NAME OF CHILD Julio Fermin Larrusea

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	July 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Larrusea	FULL MAIDEN NAME	Flora Uresta
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Teamster	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address D'Lamar

Filed Oct 24 1913 T. D. Farrer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon } ss.
County of Malheur }

Certificate No. 17010

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Frank Larrusea (Name on Original Certificate) who born (Was Born or Died) on July 15, 1913 (Date of Event)

in DeLamar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Frank Larrusea	Julio Fermin Larrusea
Full Name of Father	Frank Larrusea	Sabastian Larrusea
Full Maiden Name of Mother	Flora Uresta	Florentina Urresti

Subscribed and sworn to before me this 11th day of March 1959

Gabriel Elorda
Notary Public, residing at Jordan Valley Ore
My commission expires Sept 12, 1959
(Seal)

Signed Timoteo Leguerica
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jordan Valley, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 1959

Gabriel Elorda
Notary Public, residing at Jordan Valley
My commission expires Sept 12, 1959
(Seal)

Signed Juan Olazacoyta
(Signature of Any Credible Person)

Jordan Valley, Ore
(Street Address, City, State)

FORM DPH 55.155 CL 3-5-59. one copy pd.

Social Security Card (#519-42-5937) gives name as Julio Fermin Larrusea of Arock, Oregon. Viewed by V. S.

JUN 4 1971

Oregon Motor Vehicl Dxxxxxx Driver's License gives name as Julio Fermin Larrusea of Arock, Oregon. Date of birth 7-15-13. Dated Issued 2-17-66. Licesnse number 1240089. Viewed by V. S.

398-213-037-315

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-[illegible]-15-12

CERTIFICATE OF BIRTH

17012

County of Owyhee

City of D'Lamar

Registration District No. 30 File No. 2

No. St.

Primary Registration District No. 2123 Registered No. 5

Hospital

FULL NAME OF CHILD Mary Tryner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes.	May 13 1913

FATHER		MOTHER	
FULL NAME	James Tryner	FULL MAIDEN NAME	Margaret Lavin
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ills	BIRTHPLACE	Wyoming
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer, Physician (Physician or midwife)

Given names added from a supplemental report

19

Address D'Lamar Idaho

Filed Oct 24 1913 T. D. Farrer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Cook }

Certificate No. 17012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Trayner (Name on Original Certificate) who was born (Was Born or Died) on May 13, 1913 (Date of Event) in De Lamar Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Ins. Policy, Social Security (Bible Record, Insurance Policy, Etc.) family records prepared on various date (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Last name	Trayner	TRYNER

Subscribed and sworn to before me this 11th day of May, 1942

Notary Public, residing at 175 W Jackson Blvd

My commission expires
(Seal)

Signed Rose Kristiffin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7532 Englewood Ave. Chicago, Ill.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Cook }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1942

Notary Public, residing at 175 W Jackson Blvd

My commission expires
(Seal)

Signed Martin H. Plotnick
(Signature of Any Credible Person Other Than Previous Year)

2307 Granville Ave - Chicago, Ill.
(Street Address, City, State)

MAY 14 1942

MAY 18 1942

366-107
027-818

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17013

County of Owyhee

City of D'Lamar

Registration District No. 30 File No. 3

No. ..... St.

Primary Registration District No. 2123 Registered No. 6

Hospital .....

FULL NAME OF CHILD JEROME Daniel Townsend

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	July 7 1913

FATHER	MOTHER
FULL NAME William H. Townsend	FULL MAIDEN NAME Ruth Hayes
RESIDENCE D'Lamar.	RESIDENCE D'Lamar
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho.	BIRTHPLACE Oregon.
OCCUPATION Blacksmith	OCCUPATION At H.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Lamar M.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19..... Address D'Lamar

Oct 29 1913 T. D. Lamar M.
Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OMD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Owyhee

Certificate No. 17013
Date Filed 10-29-13

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death)

for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event)

in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Daniel Townsend	Daniel Gerome Townsend

Subscribed and sworn to before me this 3rd day of Nov., 19 41

M H Robinson
Notary Public, residing at Caldwell Ida

My commission expires Feb. 5-1943
[SEAL]

Signed Ruth Townsend
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Owyhee

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Nov., 19 41

M H Robinson
Notary Public, residing at Caldwell Ida

My commission expires Feb. 5-1943
[SEAL]

Signed J H Townsend
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

APR 2 1975

719-118-037-499

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Owyhee

City of Silver City

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-

17[illegible]

Registration District No. 30 File No. 2

Primary Registration District No. 2120 Registered No. 3

FULL NAME OF CHILD Ramon Garastiza

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		Yes	June 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ramon Garastiza	FULL MAIDEN NAME	Maria Urigar
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Asbe Arrasa, Spain	BIRTHPLACE	Asbe Arrasa, Spain
OCCUPATION	Hotel-keeper	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive June 18, 1913 at 1.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilfred H. Schuepher, M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Silver City, Idaho

Filed Oct 29 1913 T. D. Forrer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

DUP OF 1913 - 333 215

471-118-037-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-1[illegible]

PLACE OF BIRTH

County of Owyhee

City of D'Lamar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 17015

Primary Registration District No. 2123 Registered No. 10

FULL NAME OF CHILD John Ugalde

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 18 1913

FATHER		MOTHER	
FULL NAME	Ignacio Ugalde	FULL MAIDEN NAME	Leona Guletta
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address D'Lamar Idaho

Filed Oct 24 1913 T. D. Farrer Registrar

..... Registrar

S-Y CO. 20174

Form V. S. No. II-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

17016

City of D'Lamar

Registration District No. 30

File No. 2

No. 453-227-037-694 St.

Primary Registration District No. 2123

Registered No.

Hospital

FULL NAME OF CHILD Pierina Decimo

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes.	Oct 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Decimo	FULL MAIDEN NAME	Lucy Fornetti
RESIDENCE	D'Lamar	RESIDENCE	D'Lamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	31, 31
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician or Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov 5 1913 T. D. Farrer Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...CE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

866-107-025-259 Registration District No. 2101 File No. 17017

No. ....., ... St.

Hospital ..... Primary Registration District No. ..... Registered No. 192

FULL NAME OF CHILD Wilfred Marion Howard

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	one			Yes	Oct. 7 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lawrence L Howard	FULL MAIDEN NAME	Stella Berthoff
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Teko Wash
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed Oct 31 1913 J. M. Verbeskeeves Registrar

Registrar

SYMS - ... CO., PTRS. & BDRS. 17326

[redacted]

APR 22 1960

284-210-025-349

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Registration District No. 2101

Primary Registration District No. .....

File No. 17018

Registered No. 33

FULL NAME OF CHILD Edith Isabel Squires

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William C. Squires	FULL MAIDEN NAME	Charity Tinney
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 31 1913 J. M. Verberkmoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 1

F BIRTH

962-120-025-281

Form V. S. No. 11-C—[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17019

County of Idaho

City of Kooskia

No. ..... *St.*

Hospital .....

Registration District No. 2101 **File No.** .....

Primary Registration District No. ..... **Registered No.** 34

FULL NAME OF CHILD George Alvize Robinett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Oliver Robinett	FULL MAIDEN NAME	Anna Shaw
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeekmans

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 31 1913 J. M. Verbeekmans Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1.10—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 17 1944

319-22
225-349

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ____ St.

Hospital ____

Registration District No. 2101 File No. 17020

Primary Registration District No. ____ Registered No. 33

FULL NAME OF CHILD Vivian Carothers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 22 1913

FATHER		MOTHER	
FULL NAME	Ernest Carothers	FULL MAIDEN NAME	Lula Curtis
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 31 19 13 J. M. Verbeck M.D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1969

261-231-025-189

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Kooskia

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2101 File No. 17021

Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD Ardis Lowell Swan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 21 1913

FATHER

FULL NAME: William Swan

RESIDENCE: Kooskia - Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Tennessee

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ruby Ayres

RESIDENCE: Kooskia Idaho

COLOR: White

AGE AT LAST BIRTHDAY: 16 (Years)

BIRTHPLACE: Montana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 lo a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeke M.D.

Physician (Physician or midwife)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct. 31 1913 J. M. Verbeke Registrar

S-Y CO. 20174

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

238-131-044-413

Form V. S. No. 11-C—20m-2-[illegible]

[redacted] Schrubber

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Midvale — Registration District No. 87 — File No. 17022

No. ..... St. — Primary Registration District No. 2154 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Glenn Alfred Schrubber

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Schrubber	FULL MAIDEN NAME	Julia Anna Matschener
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Austria
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale Idaho

Filed Nov 1 — 1913 F. A. Schmitz Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

296 - 211-044-363

Form V. S. No. 11-C[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... *St.*

Hospital .....

Registration District No. 87 **File No.** 17023

Primary Registration District No. 2154 **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James A Sife	FULL MAIDEN NAME	Lydia A Coldwell
RESIDENCE	Midvale Idg	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Midvale Idaho

Filed Nov 1 1913 F A Schmitz Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

796-216-044-495

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87

File No. 17024

No. ..... St.

Primary Registration District No. 2154

Registered No. .....

Hospital .....

FULL NAME OF CHILD GRACE E. GROVES

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept-16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Abraham L Groves	FULL MAIDEN NAME	Olive Drew
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale Idaho

Filed Nov 10 1913 F A Schmitz
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 17024
Date Filed APR 6 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Groves (Name on Original Certificate) who born (Was Born or Died) on September 16, 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Grace E. Groves

Subscribed and sworn to before me this 17th
day of March, 19 42

Fern Hansen
Notary Public, residing at Weiser, Idaho

My commission expires 1-10-44
(Seal)

Signed Olive Grove - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1281 West Second St. Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of March, 19 42

Fern Hansen
Notary Public, residing at Weiser, Idaho

My commission expires 1-10-1944
(Seal)

Signed F A Schmidt M D
(Signature of Any Credible Person Other Than Previous Year)

Weiser Idaho
(Street Address, City, State)

APR 9 1942

AUG 2-3 1945

JUL 3 1975

484-[redacted]14-693

PLA[redacted]

Form V. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 17025

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Dan Winfield Dymoke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Winfield Perkle Dymoke	FULL MAIDEN NAME	Mary Bell Welburn
RESIDENCE	Midvale Ida	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nevada
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmid

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale Ida

Filed Nov 1 1913 F. A. Schmid

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLAC

AUG 28 1945

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County WASHINGTON (b) City MIDVALE
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mothers stay BEFORE delivery:
In THIS county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State IDAHO (b) County WASH-
(c) City MIDVALE
(d) Street Address or R.F.D. No.
(e) How long has MOTHER lived in Idaho? 34 yrs.

3. RESIDENCE OF FATHER (city, state) MIDVALE IDAHO

4. FULL NAME OF CHILD DAN WINFIELD DYMOKE

5. Date of Birth of Child (Month, day, year) 9/15/13

6 Sex MALE

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. FULL NAME WINFIELD, PERKLE, DYMOKE
11. Color or Race WHITE
12. Age at time of THIS birth 32 yrs.
13. Birthplace BOISE (City or town) IDAHO (State or foreign country)
14. Exact Occupation FARMER
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME MARY, BELLE, WILLBURN
17. Color or Race WHITE
18. Age at time of THIS birth 34 yrs.
19. Birthplace WINAMUCCA (City or town) NEVADA (State or foreign country)
20. Exact Occupation HOUSE WIFE
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 9 (b) Born alive and now living 8

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (Born alive, stillborn) at A. M. on the date and at the place stated above, and that personal particulars were furnished by Mary Bell Dymoke (First name) (Last name) who is related as Mother (Mother, etc.)

25. Attendant's OWN signature F A Schmidt M.D. ~~Midwife~~ Address F A Schmidt M D Wilson Idaho Date 8-11-45

State of
County of } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appears in Item 4, above, that I am now years of age, that I have known this person for years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

F A Schmidt M D Signature
Wilson Idaho P. O. Address

Subscribed and sworn to before me this day of , 19
(SEAL) , Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on by , Registrar

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

AUG 28 1945

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavit of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5[illegible]7-[illegible]-044-795

PLACE [illegible]TH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 17026

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD Nelba Irene Vogt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Oct (Month) 7 (Day) 191[illegible] (Ye[illegible])

FATHER		MOTHER	
FULL NAME	Elmer Jon Vogt	FULL MAIDEN NAME	Lydia Emalia Pres[illegible]
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale Idaho

Filed Nov 1 1913 F. A. Schmitz Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 8 1 1969

635-201-044-793

Form V. S. No. 11-C—20

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

Registration District No. 87 File No. 17027

No. ..... St.

Primary Registration District No. 2154 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ila Uvenia Fletcher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 1 19[illegible] (Month) (Day)

FATHER		MOTHER	
FULL NAME	David Chas Fletcher	FULL MAIDEN NAME	Jurrah Ethyl Pickett
RESIDENCE	not known	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	51 (Years)
BIRTHPLACE	not known	BIRTHPLACE	Idaho
OCCUPATION	Veterinary	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Midvale Idaho

Filed Nov 1 — 19 3 F A Schmitz Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. U-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

APR 9 1964

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

416-209-044-669

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meridale

Registration District No. 87

File No. 17028

No. ____ St.

Primary Registration District No. 215-4

Registered No. ____

Hospital ____

FULL NAME OF CHILD Cora May Dawson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct 9 1913

FATHER		MOTHER	
FULL NAME	Theo N Dawson	FULL MAIDEN NAME	Cheryl Bullard
RESIDENCE	Meridale Id	RESIDENCE	Meridale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Texas	BIRTHPLACE	Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred Schmidt M D

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address Meridale Idaho

Filed Oct 10 1913 Fred Schmidt

Registrar

R-Y CO. 20174

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

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Form V. S. No. 11-C—20m-2-15-12

ST[redacted]HO
BUREAU OF [redacted]TATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of St Anthony

Registration District No. 49

File No. 17029

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Bentalah~~ Bentah Bagley.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 27 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asa Calvin Bagley	FULL MAIDEN NAME	Jane Ophelia Meservey
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Hotel Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W Barrett

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C —Rev. 5-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

59[illegible]-022-199

[redacted]IRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99

File No. 17030

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Nadene Nibley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			Yes	Oct 25 (Month) (Day)

FATHER		MOTHER	
FULL NAME	William A Nibley	FULL MAIDEN NAME	Lenora Arrowsmith
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W B West Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

295-104-022-414

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17031
Local Reg. No.
Reg. Dist. No. 99

Amended 8/10/78

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: St. Anthony
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jesse b. (Middle): Madsen c. (Last): Singleton

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Oct. 4, 1913

FATHER OF CHILD

TIME: 8:00 AM

7. FULL NAME
a. (First): John b. (Middle): H. c. (Last): Singleton

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ida b. (Middle): c. (Last): Madson

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov 8, 1913

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

METHOD OF DELIVERY:

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
AUG 2 9 56 AM '78
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17031

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Claire Singleton (Name on Original Certificate) who was born (Was Born or Died) on Oct 4, 1913 (Date of Event)
in St. Anthony, Idaho (FREMONT) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Claire Singleton	Jesse M. Singleton
		Madsen

Subscribed and sworn to before me this 28th day of July, 19 78.

Notary Public, residing at Rexburg, Idaho
My commission expires 4/25/79
(Seal)

Signed Jesse Madsen Singleton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1, St. Anthony, Ida 83445
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of July, 19 78.

Notary Public, residing at Rexburg, Idaho
My commission expires 4/25/79
(Seal)

Signed Ida Singleton
(Signature of Any Credible Person)

Rt. 1, St. Anthony, Ida 83445
(Street Address, City, State)

FORM DH 60-155 CL 10/20/76

Certif of Blessing from LDS Church (Duplicate) gives name as Jesse Madsen Singleton son of Hyrum Singleton and Ida Madsen. born Oct 4, 1913 at Wilford, Idaho. Blessed Dec 7, 1913. viewed by V. S.

Warranty Deed in Idaho gives name as Jesse M. Singleton and Gail Singleton. dated April 5, 1950. Viewed ny V. S.

666-124
222-299

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony Registration District No. 99 File No. 17032

No. ——— St.

Primary Registration District No. 2177 Registered No.

Hospital ———

FULL NAME OF CHILD Ralph J. Woolsey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male			yes	Oct 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Robt Woolsey	FULL MAIDEN NAME	Aletha Birch
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W. D. West Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-223-022-444

Form V. S. No. 1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Camas

Registration District No. 44 File No. 17033

No. ..... St.

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Vivian Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 23 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Davis	FULL MAIDEN NAME	Emma D Dudley
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W. B. Wright Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

958-219-022-415

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ——— St.

Hospital ———

Registration District No. 99

File No. 17034

Primary Registration District No. 2171

Registered No.

FULL NAME OF CHILD Marion Lucile Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William M Reynolds	FULL MAIDEN NAME	Marion Davenport
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Cook & Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield MD

S P Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed nov 8 1913 W B West Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1958

165-108-022-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Vermont

City of Parker

No. ——— St.

Hospital ———

Registration District No. 99

File No. 17035

Primary Registration District No. 2177

Registered No.

FULL NAME OF CHILD Ronald Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	———		———	yes	Oct (Month) 8 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward D Jones	FULL MAIDEN NAME	Laura Jackson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield MD

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov 8 1913 W B West Registrar

Registrar

S-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

Amended May 19, 1952
PLACE OF BIRTH
154-210-022-869

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont
City of St. Anthony
No. ..... St.
Hospital .....

Registration District No. 99 File No. 17036
Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD LULA MERENE ANDERSON
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	October 10, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Frederick Alexander Anderson	FULL MAIDEN NAME	Fern York
RESIDENCE	St. Anthony, Ida.	RESIDENCE	St. Anthony, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield, M.D.
(Physician or midwife)

Address St. Anthony, Ida.

Filed Nov. 8 1913 W. B. West
Registrar.

Give names added from a supplemental report.

....., 192....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Salt Lake } ss.

Certificate No. 17036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Merene Jane Anderson (Name on Original Certificate) who Born (Was Born or Died) on Oct. 18. 1913 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by an L.D.S. Church Certificate of Birth (Bible Record, Insurance Policy, Etc.) prepared on May 13, 1952 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
NAME OF CHILD	Merene Jane Anderson	Lula Merene Anderson
Lula Merene Anderson		

Subscribed and sworn to before me this 13 day of May, 1952

R. White
Notary Public, residing at Sandy, Utah
My commission expires 12-19-52
(Seal)

Signed Frederick Alexander Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Frederick Alexander Anderson
R. 19 #2 Box 165A Sandy Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Utah
County of Salt Lake } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 1952

R. White
Notary Public, residing at Sandy, Utah
My commission expires 12-19-52
(Seal)

Signed Fern York Anderson
(Signature of Any Credible Person)
R.D. #2 Box 165 A. Sandy, Utah.
(Street Address, City, State)

1 c. pd.

CERTIFICATE OF BIRTH

The Church of Jesus Christ of Latter-day Saints

Salt Lake City 1, Utah, 13 May 1952

This Certifies that according to the Records of The Church of Jesus Christ of Latter-day Saints

- LULA MERENE ANDERSON -

was born on the Tenth day of October, Nineteen Hundred and thirteen,

at St. Anthony, Fremont County, Idaho

Father's name Frederick Alexander Anderson

Mother's maiden name Fern York

Recorded in Yellowstone Stake, St. Anthony Ward Record of Births and Blessings, 1913, Page 1000, Line 190.

Entered on record 7 December 1913

Joseph Fielding Smith

Historian of the Church and ex officio Custodian of its Records

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Ucon

No. 238-104-022-993 St.

Registration District No. 99

File No. 17037

Primary Registration District No. 2177

Registered No.

Hospital

FULL NAME OF CHILD Elwin Russell Schofield

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)
male				yes	Oct 4 [illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo Schofield	FULL MAIDEN NAME	Hazel Richmond
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov 8 1913

W. Albert
Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

352-213-022-266

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 17038

No. ——— St.

Primary Registration District No. 2177 Registered No.

Hospital ——— Helen

FULL NAME OF CHILD ~~Helen~~ Lebsack

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 13 1913 (Month) (Year)

FATHER		MOTHER	
FULL NAME	Geo Lebsack	FULL MAIDEN NAME	Lizzie Bowers
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 5 1913 W B West Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

685-222-022-632

Form V. S. No. 11-C—20m-2-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony — Registration District No. 99 — File No. 17039

No. ..... St. — Primary Registration District No. 2177 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Sedona Whitmore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	9 22 191

FATHER		MOTHER	
FULL NAME	Peter Whitmore	FULL MAIDEN NAME	Mary Wilhemine Olsen
RESIDENCE	St. Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Brigham City – Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th — Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M. D.

(Physician or midwife)

Address St Anthony Ida

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 9 1943

619-216-022-253

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Egin

No. ..... St.

Hospital .....

Registration District No. 99 File No. 17040

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Verla Estill Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Oct 16 1913

FATHER		MOTHER	
FULL NAME	J. S. Wardle	FULL MAIDEN NAME	Annie Beckstead
RESIDENCE	Egin	RESIDENCE	Egin
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Everest
St. Anthony Ida
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Nov 8 1913 W. Everest
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1966

JAN 28 1969

897-120-022-632

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 17041

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Noland, O. Higly

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Boy		yes	Oct 20

FATHER		MOTHER	
FULL NAME	Jas G Higly	FULL MAIDEN NAME	Sophia Olson
RESIDENCE	St A	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Fermer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1-25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

St A (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W B West

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1942

299-224-022-319

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 99 File No. 17043

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Bernice K. Bird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Girl		yes	Oct 24 1[illegible]

FATHER		MOTHER	
FULL NAME	Jedediah Bird	FULL MAIDEN NAME	Annie Larson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

St a
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 8 1913 W. B. West

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 2 3 1975

DECEASED

944-117-022-113

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 17044

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Woodrow Rudd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 17 [illegible] (Month) (Day)

FATHER		MOTHER	
FULL NAME	George F. Rudd	FULL MAIDEN NAME	Esther D Jackson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Parker Idg	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Bevest

(Physician or midwife)

Address St A

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1913 W Bevest

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 27 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Fruitland

No. 799 - 121-014-698 St.

Registration District No. 51

File No. 1 17045

Primary Registration District No. 2130

Registered No. 7

Hospital

FULL NAME OF CHILD unnamed John Pritzl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	October 21st 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Michael Pritzl	FULL MAIDEN NAME	Mary Weber
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Bohemia, Austria	BIRTHPLACE	Bohemia, Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov 10 1913

Crispin Wright

Registrar

Registrar

S-Y CO. 20174

FEB 11 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Caribou

City of 2½ miles south east

No. 7 Fruitland. St.

Registration District No. 51

File No. 17046

445-113-014-995

Primary Registration District No. 2130

Registered No. 8

Hospital

FULL NAME OF CHILD Curtis Alonzo Munson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.				Yes	Oct 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora Munson	FULL MAIDEN NAME	Ora Ring
RESIDENCE	New Plymouth Ida R F D 2	RESIDENCE	with husband
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm T. Drysdale M D

(Physician or midwife)

Given names added from a supplemental report

19

Address New Plymouth Ida

Filed Nov. 10 1913

Crispin Wright
Registrar

Registrar

S-Y CO. 20174

FEB 6 1967

STATE OF IDAHO
DEPT OF VITAL STATISTICS

171-109
PLACE OF BI[redacted]
032-84.3

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lin[redacted]

City of Jerome — Registration District No. 23 — File No. 17047

No. ....., ... St.

Primary Registration District No. 1017-1027 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarance agan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	—	—	Yes	Sept 9, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Clarence S agan	FULL MAIDEN NAME	Ella Hulgan
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pfer M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Jerome Ida

Filed Oct 1 1913 E. D. Pfer

Registrar — Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[redacted]

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the num[redacted] of each, in order of birth stated

[redacted]

853-120-032-213

[redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23

File No. 17048

No. ....., ... St.

Primary Registration District No. 1017-1027

Registered No. .....

Hospital .....

FULL NAME OF CHILD Frank Arthur Helfert

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	6	yes	Sept 20, 1913

FATHER		MOTHER	
FULL NAME	John Helfert	FULL MAIDEN NAME	Marie Magdalene Baller
RESIDENCE	~~Austria~~ Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John F. Schmershauer

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Jerome Ida

Filed Nov 1 1913 E. D. Pope

Registrar

Registrar

S-Y CO., 16670

NO BINDING RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

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366-117-032-9

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23

File No. 17049

No. ....., ... St.

Primary Registration District No. 1017-1027

Registered No. .....

Hospital .....

FULL NAME OF CHILD Melvin Crawford Coffin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M	—	—	Yes	July 17, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter H Coffin	FULL MAIDEN NAME	Luella Reynolds
RESIDENCE	Falls City Idaho	RESIDENCE	Falls City
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Mass	BIRTHPLACE	M. E.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Piper M.D.

(Physician or Midwife)

Jerome Ida

Given name added from a supplemental report

..... 19.....

Nov 1 1913 C. D. Piper

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 25 1942

SEP 23 1974

992-104-032-193

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 23

File No. 17050

Primary Registration District No. 1017-2017

Registered No. ____

FULL NAME OF CHILD John Paul Rigney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Oct 4 1913

FATHER		MOTHER	
FULL NAME	Charles Rigney	FULL MAIDEN NAME	Mary Jamie Axley
RESIDENCE	Emi. S. E. of Jerome Ida	RESIDENCE	Emi. S. E. of Jerom Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

....., 19....

Filed Nov 1 1913 E. D. Piper M. D.

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

319-130-032-615

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23

File No. 17051

No. ....., ... St.

Primary Registration District No. 1017-2017

Registered No. .....

Hospital .....

FULL NAME OF CHILD Norman Cornell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Oct 30 '13

FATHER		MOTHER	
FULL NAME	Del Cornell	FULL MAIDEN NAME	Della Pease White
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	white	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nebraska	BIRTHPLACE	Indiana
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:15 P. M. on the date above stated.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed Nov 1 1913

E. D. Piper Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Water Resources

STATE OF IDAHO

795-123-032-356

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23 File No. 17052

No. ....., ... St.

Primary Registration District No. 1017-1027 Registered No. 1236

Hospital .....

FULL NAME OF CHILD Alvin Irving

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	Oct 23 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Thomas Irving	FULL MAIDEN NAME	Drucilla Pippetts
RESIDENCE	3 mi S.W of Jerome	RESIDENCE	3 mi. S.W of Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Pyle M.D.

(Physician or Midwife)

Address Jerome Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 1913 C. D. Pyle

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 9 1976

293-124-032-859

PLACE OF BIRTH

Form V. S. No. 11-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Registration District No. 23

File No. 17053

Primary Registration District No. 1017-1027

Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert William Sillbaugh

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		—	Yes	Oct 2 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Henry Sillbaugh	FULL MAIDEN NAME	Phoebe Herrington
RESIDENCE	4 mi West of Jerome	RESIDENCE	4 mi West of Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	West Va	BIRTHPLACE	Pa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper MD

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Jerome Ida

Filed Nov 1 1913 E. D. Piper

Registrar

Registrar

S-Y CO., 16869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1953

465-218
016-163

PLACE OF BIR[redacted]

Form V. S. No. 11-C—[redacted]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassi[redacted]

City of Burley

Registration District No. 117

File No. 17054

No. ..... St.

Primary Registration District No. 2196

Registered No. 39

Hospital .....

FULL NAME OF CHILD ELSIE B. MONCUR ~~Moncur~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Oct. ~~19~~ 18th 1913

FATHER		MOTHER	
FULL NAME	W. Moncur	FULL MAIDEN NAME	Annie Jolley
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Idaho.

Filed Oct. 20th 1913 Dr. J. C. Patterson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 17054

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Moncur (Name on Original Certificate) who was born (Was Born or Died) on Oct. 18, 1913 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on October 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elsie B. Moncur
Date	Oct. 19th	Oct. 18, 1913

Subscribed and sworn to before me this 15th day of July, 1943

Notary Public, residing at Burley, Idaho.

My commission expires 6-1-46
(Seal)

Signed Wallace Moncur
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of July, 1943

Notary Public, residing at Burley, Idaho

My commission expires 6-1-46
(Seal)

Signed Emma A Moncur
(Signature of Any Credible Person Other Than Previous Year)

Burley Idaho
(Street Address, City, State)

JUL 21 1943

418-215-016-366

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-O-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 17055

Primary Registration District No. 2196 Registered No. 18

FULL NAME OF CHILD Myrtle Louise Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	Oct. 15th 1913

FATHER		MOTHER	
FULL NAME	C. C. Dayley	FULL MAIDEN NAME	Myrtle Cook
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 16th 1913 Dr. J. C. Patterson

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—60m-3-15-[illegible]

S[illegible] IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS 2 7 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS FEB 7 3:43 PM '75

State of Idaho } ss.
County of ____

Certificate No. 17055

Date Filed ____

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Dayley (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1913 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Myrtle Louise Dayley

Subscribed and sworn to before me this 7th day of February, 1975

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed A. L. Wright

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

____

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____

My commission expires ____

(Seal)

Signed ____

(Signature of Any Credible Person)

____

(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate Richard Lee Weight born Aug. 5, 1934 at Burley, Idaho, # 225127 gives mothers name as Myrtle Louise Dayley. Viewed by VS

Certificate of Baptism and Confirmation gives name as Myrtle Louise Dayley born October 15, 1913 in Burley, Idaho. Father Carl Dayley and Myrtle Cook Dayley. Baptized Aug 4, 1923. L.D.S.Church. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. 445-115-016-218 St.

Registration District No. 117

File No. 17057

Primary Registration District No. 2196

Registered No. 37

Hospital

FULL NAME OF CHILD Forrest F. Dunbar

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	10 - 15 - 13 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. F. Dunbar	FULL MAIDEN NAME	Rai Sayer
RESIDENCE	Burley, Ida	RESIDENCE	Burley, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Ida

Filed Oct. 16th 1913 Dr. J. C. Patterson Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAR 2 3 1943

OCT 1 0 1942

OCT 6 . 1958

433-202-016-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 17058

Primary Registration District No. 2196 Registered No. 34

FULL NAME OF CHILD ESTELLA JOAN McCABE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Oct. 2nd 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willis McCabe	FULL MAIDEN NAME	Carrie Martin
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho.

Filed Oct. 3rd 1913 Dr. J. C. Patterson Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 17058

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Estelle Joan McCabe (Name on Original Certificate) who was Born (Was Born or Died) on Oct-2-1913 (Date of Event)
in Burley Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are known by Birth Record (Bible Record, Insurance Policy, Etc.) prepared on Vital Statistics-Boise Idaho (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Estelle Joan McCabe

Subscribed and sworn to before me this 5th
day of November, 1942

Signed Currie Elizabeth McCabe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Nadia Williams
Notary Public, residing at Glendale, Calif

My commission expires Oct 30, 1943.
(Seal)

1256-E-68 St
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5-th
day of November, 1942

Signed Mrs. Rowena A. Carter
(Signature of Any Credible Person Other Than Previous Year)

Nadia Williams
Notary Public, residing at Glendale Calif

My commission expires Oct 30, 1943
(Seal)

1256 E. Broadway Ave - Glendale, Calif
(Street Address, City, State)

NOV 1 2 1942

APR 7 1971

319 - 10[redacted] - 811

PLA[redacted]

[redacted] 1-B-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17059

County of Cassia

City of Burley Idaho. Registration District No. 117 File No.

No. St. Primary Registration District No. 2196 Registered No. 35-

Hospital Residence

FULL NAME OF CHILD EARL BASIL CARSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 5 1913

FATHER

FULL NAME B. O. Carson

RESIDENCE Burley Idaho

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Regina Ingleburg Haag

RESIDENCE [redacted] Burley

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Sweden

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

.....19.....

Filed 10-6-13 19..... Dr. J. C. Patterson Registrar

.....Registrar

6-Y CO. 25174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Cassia }

Certificate No. 17059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Earl Basil Carson (Name on Original Certificate) who born (Was Born or Died) on Oct. 5th, 1913. (Date of Event)
in Burley, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by State Record (Bible Record, Insurance Policy, Etc.) prepared ## Dr. Patterson (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Earl Basil Carson
mother's name	Regina Spark	Regina Ingleburg Haag
Mother's name	Regina Ingleburg Haag	

Subscribed and sworn to before me this 23
day of March, 19 42

Dyer Sampson
Notary Public, residing at Burley, Idaho.
My commission expires August 1st, 1942
(Seal)

Signed Basil O. Carson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Burley, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of March, 1942.

Notary Public, residing at Burley, Idaho.
My commission expires Aug. 1st, 1942
(Seal)

Signed Eric Haag
(Signature of Any Credible Person Other than Previous Year)

Burley Idaho.
(Street Address, City, State)

816-221-066-65-6

Amended 6-3-69

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 17060

No. ..... St.

Primary Registration District No. 2196

Registered No. 41

Hospital .....

FULL NAME OF CHILD Verna Grace Harris

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct. 21 1913

FATHER		MOTHER	
FULL NAME	Wm D. Harris	FULL MAIDEN NAME	Alice Fewkes
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8. a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Hilda Shallman

Midwife
(Physician or midwife)

Address Burley Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct-25th 1913 Dr. J. C. Patterson
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1969

DECEASED

IDAHO DEPARTMENT OF HEALTH 6-3-69

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

Certificate No. 17060

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Verna Grace Harris (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Legitimate	No	Yes

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

X Signed Lea H. Watson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage Certificate of parents List William Harris and Alice Fewkes [redacted]
Married in the Territory of Utah at Salt Lake City on Nov. 9, 1893.
Married by ~~John~~ Winder Elder of the L.D.S. Church.
Viewed by V.S.

JUN 3 1969

Other members, brothers and sisters born to these parents between the years 1894 and 1920. Family Record
Viewed by V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Burley Idaho. Registration District No. 117 File No. 17061

No. 845-202 / 816-31st St. Primary Registration District No. 2196 Registered No. 33

Hospital

FULL NAME OF CHILD Parley Wilson Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F.			Yes.	Oct. 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. F. Hunt.	Laura J. Baker.
RESIDENCE	Burley Ida.	Burley Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Mich Utah	Utah
OCCUPATION	Farmer.	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Given names added from a supplemental report

Burley Ida.

Dr. J. C. Patterson

[illegible]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 23 1968

State of Idaho
County of Cassia } ss.

Certificate No. 17061
Date Filed 10-02-13

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Parley Wilson Hunt (Name on Original Certificate) who born (Was Born or Died) on Oct. 2, 1913 (Date of Event) in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptism, Ins. Policy, Drivers Lescence (Bible Record, Insurance Policy, Etc.) prepared on 10-31-21 - 12-1-43 - 1-17-68 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name	None	Parley Wilson Hunt

Subscribed and sworn to before me this 19 day of [illegible], 19[illegible]

Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2011 W Canton St Longmont Calif 90810
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 [illegible] 9-17-68

Photo copy of LDS Church Cert. of Baptism and Confirmation, Oct. 31, 1921, gives name as Parley Wilson Hunt, son of Andrew J. Hunt and Laura Tressie Baker, born Oct. 2, 1913 at Burley, Idaho - viewed by VS.

SEP 24 1968

Photo copy of Application for Individual Reserve Insurance Certificate to the Brotherhood of Railroad Trainmen Insurance Department, Nov. 22, 1943, gives name as Parley Wilson Hunt, date of birth Oct. 2, 1913 - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Gooding

City of Burley

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 17062

Primary Registration District No. 2196 Registered No. 40

FULL NAME OF CHILD: Helen Coltrin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			no	Oct. 11 191

FATHER

FULL NAME: Harvey E. Coltrin

RESIDENCE: Burley

COLOR: White AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: America

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Jamie Bybee

RESIDENCE: Burley

COLOR: White AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: America

OCCUPATION:

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12 20 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda M. Shallman

Midwife (Physician or midwife)

Address Burley Ida

Given names added from a supplemental report

..... 19.....

Filed Oct. 25th 1913 Dr. J. L. Patterson

..... Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1 30 76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JAN 30 2 31 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 17062

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Coltrin (Name on Original Certificate) who Was born (Was Born or Died) on Oct. 11, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Helen Coltrin

Subscribed and sworn to before me this 30 day of January, 1976

"Dee" Mara Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Randall R Tarner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

113 W 17th Boise, Id.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Social Security Card # 518-10-9654 gives name as Helen C. Collord Form OA-702.1Rev.(11-61)

JAN 30 1976

Own childs birth certificate Randall Ray Turner born Nov. 7, 1955 at Boise, Idaho, State file # 55-13857 gives mothers name as Helen Coltrin.
Viewed by VS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

259-103-035-96

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96

File No. 17063

No. ..... St.

Primary Registration District No. 1009

Registered No. 37

Hospital St Joseph

FULL NAME OF CHILD WARREN MARRIOTT BERRY

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lawrence BERRY	FULL MAIDEN NAME	Hazel Rutter
RESIDENCE	Mineral Well, Tex.	RESIDENCE	Mexico. Mo.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	15 (Years)
BIRTHPLACE	Tex	BIRTHPLACE	Mo.
OCCUPATION	Clerk in Soda Fountain	OCCUPATION	Actress

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 a M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lewiston Ida

Filed Nov. 10 1913 L J Perkins
Registrar

Registrar

8-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

FEB 15 1943

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County NEZ PERCE (b) City LEWISTON
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home:
NOT REMEMBER THINK ST. MARYS
e) Mother's stay **BEFORE** delivery:
IN **THIS** county [illegible] years months 4 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Missouri (b) County AUDRAIN
(c) City MEXICO
(d) Street Address or R.F.D. No. 124 CLARK
(e) How long has **MOTHER** lived in Idaho? NONE yrs.
3. RESIDENCE OF FATHER (city, state) FT. WORTH TE

FULL NAME OF CHILD WARREN MARRIOTT BERRY
5. Date of Birth of Child (Month, day, year) OCT. 3 1913
Sex MALE
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? YES

FATHER OF CHILD
FULL NAME LAWRENCE ARTHUR BERRY
Color or Race WHITE
12. Age at time of THIS birth 18 yrs.
Birthplace FT. WORTH, TEXAS (City or town) (State or foreign country)
Exact Occupation DRUG CLERK.
Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME HAZEL NADINE RUTTER
17. Color or Race WHITE
18. Age at time of THIS birth 15 yrs.
19. Birthplace MEXICO, MISSOURI (City or town) (State or foreign country)
20. Exact Occupation THEATRICAL
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

te of California
inty of San Francisco } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the MOTHER (Mother, etc.) of the person whose name appears Item 4, above, that I am now 44 years of age, that I have known this person for 30 years, and that (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

x Mrs Hazel Wayne Signature
2607 Post St San Francisco, Cal P.O. Address

Subscribed and sworn to before me this 5 day of Feb., 1943

(SEAL) Chas. L. Wayne Notary Public, residing at
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

NOTARY PUBLIC
In and for the City and County of San Francisco, State of California
MY COMMISSION EXPIRES DECEMBER 20, 1943

ceived for filing on by Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible] BIRTH

[illegible] No. 11-C [illegible]

[illegible]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. —, 7th St.

Hospital —

Registration District No. 96 File No. 17064

Primary Registration District No. 1009 Registered No. 38

FULL NAME OF CHILD Ruth Mamie Kiesling

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Oct 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geoge S. Kiesling	FULL MAIDEN NAME	Amelia Krueger
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Nov. 10 1913 L. J. Perkins Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICAT

355-217-035-685

Form V. S. No. 11-C—20m-8-25-15

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 321-15th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 17066

Registration District No. 96 File No.

Primary Registration District No. 1009 Registered No. 40

FULL NAME OF CHILD Dorothy Evelyn Leonard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Oct. 17 1913

FATHER		MOTHER	
FULL NAME	J. D. Leonard	FULL MAIDEN NAME	Hazel Wheeler
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mont.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3. P. M. on the date above stated.

*"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Ida

Filed Nov. 10 19 13 L. J. Perkins Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1953

918-225-035-281

PLACE OF BIRTH

Form V.S. No. [illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ny

City of Lewiston

No. ....., ... St.

Hospital St Joseph

Registration District No. 96 File No. 17067

Primary Registration District No. 1009 Registered No. 41

FULL NAME OF CHILD Mary Jane Shaw Ray

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	one	1st	yes	Oct 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John L Ray	FULL MAIDEN NAME	Ruth Shaw
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Druggist	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Nov. 10 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 24 19[illegible]

PLACE OF BIRTH

STATE OF IDAHO

754- [redacted] 35-253

PLA[redacted]

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]ee

City of Lewiston

Registration District No. 96 File No. 17068

No. 1503 G 2d St.

Primary Registration District No. 1009 Registered No. 42

Hospital

FULL NAME OF CHILD Harold Kenneth Pemberton

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	Single (To be answered only in event of plural births)	1st	yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	William L Pemberton	FULL MAIDEN NAME	Rosella L Kennedy
RESIDENCE	1503 G St	RESIDENCE	1503 G St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21	COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Washington	BIRTHPLACE	South Dakota
OCCUPATION	Lt Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Canaan MD.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 10 1913 L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

423-229-035-959

PLACE OF BIRTH
Amended 3-22-78

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1214 - 15th ave St.

Hospital

Registration District No. 96

File No. 17069

Primary Registration District No. 1009

Registered No. 43

FULL NAME OF CHILD LOIS ETTA MILLER

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	3rd	yes	Oct 29th 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarke Miller	FULL MAIDEN NAME	Clara Zernstein
RESIDENCE	1214 - 15th ave	RESIDENCE	1214 - 15th ave
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Indiana	BIRTHPLACE	Washington
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. C. Carascon M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address

, 19

Filed Nov 10 1913 L J Perkins Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 6 10 20 AM '78

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17069

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Louisa Etta Miller (Name on Original Certificate) who was born (Was Born or Died) on Oct. 29, 1913 (Date of Event)

in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Louisa Etta Miller	Lois Etta Miller

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 1978

.....
Notary Public, residing at Lewiston Idaho
My commission expires .....
(Seal)

Signed James E. Lloyd
(Signature of Any Credible Person)

CLERK OF THE DISTRICT COURT AND
EX-OFFICIO AUDITOR AND RECORDER
NEZ PERCE COUNTY, IDAHO

FORM DH 60-155 CL 2/7/74 Rush!!

Census Marshal's Report for the year of 1922 approved and filed November 3, 1921 and signed by E. Gilson, County Superintendent of PUblic Instruction by the County of Nez Perce gives name of child as Lois Etta Miller age 7 when Census was takern.
Viewed by V.S.

Own child's birth certificate on file with Bureau of Vital Statistics gives name of mother as Lois Miller. Child born Sept. 15, 1933 in Lewiston, Idaho. Certificate # 251699.
viewed by V.S.

795-204-031-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

IDAHO
BI[redacted]AL STATISTICS
[redacted]TE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48

File No. 17070

No. _____ St.

Primary Registration District No. 2127

Registered No. 13

Hospital _____

FULL NAME OF CHILD Wilma May

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) - 4 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ambrose Pierce	FULL MAIDEN NAME	Susie Staples
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Winchester, Idaho

Filed 10-13-1913 Ellen B. Rogers Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

213-212-031-667

Form V. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48 File No. 17071

No. ..... St.

Primary Registration District No. 2127 Registered No. 14

Hospital .....

FULL NAME OF CHILD Janice Otelia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10-12-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ben J. Bocklund	FULL MAIDEN NAME	Orpha Fox
RESIDENCE	Winchester Idaho	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Nebr.
OCCUPATION	Manager J Pool Room	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester

Filed 10-13-1913 Elton B. Rogers Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

213-217-031-284

Form V. S. No. 11-C—20m-8-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 17072

County of Lewis

City of Winchester — Registration District No. 48

No. ____ St. — Primary Registration District No. 2127 — Registered No. 15

Hospital ____

FULL NAME OF CHILD Helen Catherine Kale

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	10-17-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Kale	Margaret E. Shuss
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Mich	Neb
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen R. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 10-19-1913 Ellen R. Rogers

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1967

MAY 22 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

City of Winchester

Registration District No. 48

File No. 17073

No. ..... St.

Primary Registration District No. 2127

Registered No. 16

Hospital .....

FULL NAME OF CHILD LYLE FRANK RICHARDSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	10-20-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. N. Richardson	FULL MAIDEN NAME	Mary B. Hill
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 PM M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester

Filed 10-21- 1913 Elton B. Rogers
Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Ida. } ss.
County of Latah }

Certificate No. 17073
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for Frank Lyle Richardson (Name on original certificate) who born (Was born or died) on October 20, 1913 (Date of event)
in Winchester Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
	Frank Lyle Richardson	Lyle Frank Richardson

Subscribed and sworn to before me this 17th day of May, 19 41
M. L. Wallace
Notary Public, residing at Orofino Idaho.
My commission expires March 28, 1942
[SEAL]

Signed C. J. Richardson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Orofino Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of IDAHO } ss.
County of Clearwater }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of May, 19 41
M. L. Wallace
Notary Public, residing at Orofino Idaho
My commission expires March 28, 1942
[SEAL]

Signed F. A. Grasser
(Signature of any credible person other than the previous affiant)
.....
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

c.c. 5/27/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Woodside

Registration District No. 48

File No. 17074

No. ..... St.

Primary Registration District No. 2127

Registered No. 17

Hospital

FULL NAME OF CHILD Eva Ruth Stinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	10 (Month) – 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Michael Stinger	FULL MAIDEN NAME	Emma Auber
RESIDENCE	Woodside	RESIDENCE	Woodside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Winchester

Filed 11-6- 1913 Elton P. Rogers Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DUP OF 1913 – 34495

258 -
029-7

PLACE

STA

Bureau of Vital Statistics

County of Latah

City of near Kendrick

CERTIFICATE OF BIRTH

Registration District No. 63 File No. 17075

No. ....., ... St.

2143

Primary Registration District No. ..... Registered No. 8

Hospital .....

FULL NAME OF CHILD Rythea Rose Deyo

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		Yes	Oct 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm C. Deyo	FULL MAIDEN NAME	Nellie Grant
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Neb.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kendrick Ida

Filed Oct 16 1913 J E Hoyt Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BIN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A P

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

APR 2 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of near Kendrick

No. 719-115-029-436, St.

Registration District No. 63

File No. 17876

Primary Registration District No. 2143

Registered No. 7

Hospital

FULL NAME OF CHILD Melvin Garner

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	Oct 15 1913

FATHER		MOTHER	
FULL NAME	George Garner	FULL MAIDEN NAME	Matter McFee
RESIDENCE	near Kendrick Ida	RESIDENCE	same
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Given names added from a supplemental report

Address Kendrick Ida

..... 19.....

Filed Oct 16 1913 J E Hoyt

Registrar

Registrar

SYMB - YORK CO., PTRS. & BDRS. 17326

NOV 30 1942

854-117-031-796

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

[illegible] OF IDAHO

[illegible] Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 49

File No. 17077

No. ....., ... St.

Primary Registration District No. 2128

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Hemphill

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			11	Yes	Oct 17, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Hemphill	FULL MAIDEN NAME	Etta Grotz
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boned alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Taylor M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Kamiah

Filed Nov 8 1913 E. Taylor M.D.

Registrar

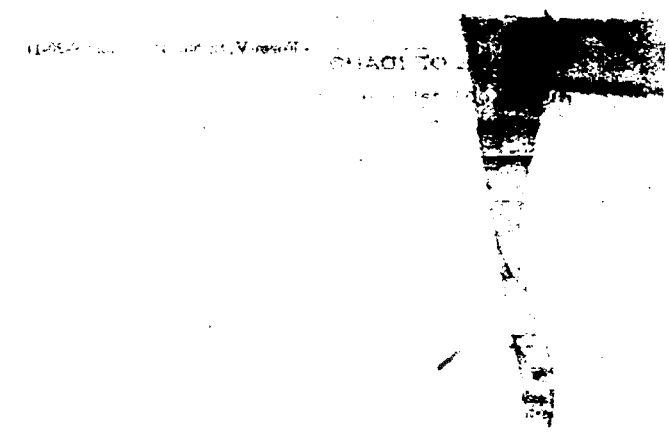
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



253-211-022-264

PLACE OF BIRTH

County of Fremont

City of Ridgley

No. \ St.

Hospital \

Form V. S. No. 11—10m-2-15-13

[redacted] OF [redacted]

BUREAU OF VITAL STATISTICS

[redacted] OF BIRTH

17078

Registration District No. 98

File No.

Primary Registration District No. 2176

Registered No. 72

FULL NAME OF CHILD Nellie Josephine Beckstrand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	\	\	Yes.	Nov. 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Beckstrand	Ellen Soderberg
RESIDENCE	Ridgley	Ridgley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	00	44
BIRTHPLACE	Utah	Sweden.
OCCUPATION	Farmer	Housework.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 230 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Josephine H. Neuman

(Physician or midwife)

Address Ridgley - R.F.D. 2.

Filed Nov 11 1913 Ray W. Finker, Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. 296-208-022-893 St.

Registration District No. 98

File No. 17079

Primary Registration District No. 2176

Registered No. 93

Hospital

FULL NAME OF CHILD Ethel May Brothers

Sex of Child F.

Twin Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Aug 8 1913
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Brothers	FULL MAIDEN NAME	Myrtle J. Hill
RESIDENCE	Rigby	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	2	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 8.40 a. M. on the date above stated.
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that never breathes nor shows other evidence of life after birth.

(Signature) Josephine H. Newman
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Nov 10 1913 Ray H. Fisher
Registrar

Registrar

Y CO. 20178

BIRTH

764-220-022-553

Form V. S. No. 11 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ..... *St.*

Hospital .....

Registration District No. 9 **File No.** 17080

Primary Registration District No. 2176 **Registered No.** 90

FULL NAME OF CHILD Bessie Poulsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes	Oct 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. Poulsen	FULL MAIDEN NAME	Wayne Nelson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W. AGE AT LAST BIRTHDAY 50 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan

Filed Nov 10 1913 Ray H. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

17080

JAN 1 4 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 24 10 24 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham

Certificate No. 17080

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Poulsen (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 20, 1913 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Bessie Poulsen

Subscribed and sworn to before me this 9th day of April, 1975

Notary Public, residing at Blackfoot
My commission expires 2-17-76
(Seal)

Signed Bessie Poulsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

350 Poplar Blackfoot Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of April, 1975

Notary Public, residing at Blackfoot
My commission expires 2-17-76
(Seal)

Signed A. Lewis L. Poulsen
(Signature of Any Credible Person)

R2 NC Box 141 Pocatello Ida
(Street Address, City, State)

CL 1/13/75

FORM DH 60-155

Application for License to Marry #504 gives nameas as Samuel B. Gardner and Bessie Poulsen. dated Nov. 21, 1931. from Utah. viewed by V. S.

JUN 12 1975

Certificate of Birth from the LDS Church gives name as Bessie Alberta Poulson born Oct. 20, 1913 at Lewisville, Idaho. mother's name given as Magdalane Nelson and the father's name as Chriss Poulson. viewed by V. S.

766-119-022-692

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

Registration District No. 98

File No. 17081

No. ..... St.

Primary Registration District No. 2176

Registered No. 91

Hospital .....

FULL NAME OF CHILD Frank Fisher Goody

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 10 1913

FATHER		MOTHER	
FULL NAME	Frank Goody	FULL MAIDEN NAME	Alice J. Fisher
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan

Filed Nov. 10 1913 Roy H. Fisher

Registrar

Registrar

S-7 CO. 20175

AGE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 21 1971
BUREAU OF VITAL STATISTICS

State of Idaho } ss.
County of Jefferson }

Certificate No. 17081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Goody (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1913 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Ordination (Bible Record, Insurance Policy, Etc.) prepared on November 11, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frank Fisher Goody

Subscribed and sworn to before me this 18th day of May, 1971

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Alice G. Goodson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Lorenzo, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 19 71

Notary Public, residing at Rigby, Idaho

My commission expires 1-5-72

(Seal)

Signed Vera Lemmon
(Signature of Any Credible Person)

Lorenzo, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 8-13-65. one copy pd. rec. #16667.

Certificate of Ordination to the Holy Priesthood (LDS Church) gives name as Frank Fisher Goody. Was ordained an Elder in the Melchijedek Priesthood. Nov. 11, 1933 by John W. Hart, High Priest. Clarence Grover and Sheriden Evans, Sec. signed by certificate. First Ward, Rigby Stake. Viewed by V. S.

MAY 2 4 1971

Church record which reads: THIS CERTIFIES THAT Frank Fisher Goody and Rhoda Jane Ellis who previously had been legally married were SEALED by me as husband and wife according to the ordinance of God for the time and for all eternity in the House of the Lord, Logan, Utah. Dated Nov. 14, 1933. Signed by Wm A. Noble, an Elder of the LDS Church. Witnessed by Wm H. Carter and Henry Perry. Viewed by V. S.

867-205-022-169

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17082

Primary Registration District No. 2176, Registered No. 89

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	\		\	Yes	Nov 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Hoggan.	FULL MAIDEN NAME	Ellen Jardine
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan

Filed Nov. 10 1913 Ray Fisher
Registrar

Registrar

Y 60. 20178

MARGIN RESERVED FOR BINDING

LAMELY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

If in case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-203-022-613

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17083

Primary Registration District No. 2176 Registered No. 81

FULL NAME OF CHILD Opal Grace Kinghorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Oct. 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander Kinghorn	FULL MAIDEN NAME	Myrtle Walker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lewisville

Filed Nov. 10 1913 Ray H. Fisher
A. M. P. Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock

Certificate No. 17083

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Kinghorn (Name on Original Certificate) who was born (Was Born or Died) on Oct. 3, 1913 (Date of Event)

in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Opal Grace Kinghorn

Subscribed and sworn to before me this 10 day of August, 1961

[illegible]
Notary Public, residing at Pocatello Idaho
My commission expires 8-1-67
(Seal)

Signed Alexander Kinghorn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

285 Randolph Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of August, 1961

[illegible]
Notary Public, residing at Pocatello Idaho
My commission expires 8-1-67
(Seal)

Signed Leah K. Hardy
(Signature of Any Credible Person)

745 N. Main Pocatello, Idaho
(Street Address, City, State)

FORM DN 60-155 CL 5-3-61. nm

Certified copy of church record gives name as Opal Grace Kinghorn Green Issued by L. D. S. Church Certified by Grant Pehrson and Grant Burke, Ward Clerk.

AUG 11 1964

Viewed by V. S.

Own child's birth certificate gives name as Opal Grace Kinghorn, on file with state of Idaho # 48-5058.
Viewed by V. S.

119 - [redacted] 22-412

PLA[redacted]

11—10m-8-15-12

STA[redacted]
BUREAU O[redacted] STATIST[redacted]

CERT[redacted] OF [redacted]TH

County of [redacted]n N

City of Lewisville

Registration District No. _____ File No. 17084

No. _____ St.

Primary Registration District No. _____ Registered No. 80

Hospital _____

FULL NAME OF CHILD THOMAS GLENN JARDINE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leo Jardine	FULL MAIDEN NAME	Laura Dabell
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Lewisville

Filed Nov. 10 1913 Ray H. Fisher, A.M.P. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 17084

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Thomas Glenn Jardine (Name on Original Certificate) who was born (Was Born or Died) on October 12, 1913 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 25, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Thomas Glenn Jardine

Subscribed and sworn to before me this 12th day of March, 1942

George M Larsen

Notary Public, residing at Menan, Idaho

My commission expires Dec 12 1943

(Seal)

Signed Mrs Laura Jardine
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1942

George M Larsen

Notary Public, residing at Menan Idaho

My commission expires Dec 12 1943

(Seal)

Signed A W DaBell
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 1 0 1942

533-127-022-619

PLACE OF BIRTH

Form V. S. No. 11—10m-2-35-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17086

County of Fremont

City of Small

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 78

FULL NAME OF CHILD John Owen Ellis

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Sept. 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Phillip D. Ellis	FULL MAIDEN NAME	Hazel Grace Waring
RESIDENCE	Small	RESIDENCE	Small
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1913 Ray H. Fisher a.m. Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1973

215-230-022-366

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17087

Primary Registration District No. 2176 Registered No. 77

FULL NAME OF CHILD Blanche Sandy

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—	—	—	Yes	Oct 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clifford Sandy	FULL MAIDEN NAME	Laura Blanche Lander
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Kate Bohner

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Roberts, Ida

Filed Nov. 16 1913 Ray H Fisher a.m.p. Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 23 1942

PLACE OF BIRTH

County of

AUG 13 1975

SEP [illegible] 1975

SEP 22 1975

236-115-022 818

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

County of Fremont

City of Lorenzo

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17088

Primary Registration District No. 2176 Registered No. 82

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 15 1913

FATHER		MOTHER	
FULL NAME	N. J. Blodgett	FULL MAIDEN NAME	Sarah Haywood
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray A. Fisher

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov. 10 1913 Ray A. Fisher Registrar

amb

S-V CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11—10m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

Registered No.

(Month) (Day) (Year)

(Year)

PLACE OF BIRTH

County of

352-226-022-448

Amended 6-30-64

(Be sure the information is complete and accurate)

State File No. 17089
Local Reg. No. 83
Reg. Dist. No. 98

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (*Type or print*)
a. (First): Arzella
b. (Middle):
c. (Last): Lessey

4. SEX: Female
5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]
5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]
6. DATE OF BIRTH: (Month) Oct. (Day) 26, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Chester
b. (Middle):
c. (Last): Lessey
8. COLOR OR RACE: W.
9. AGE (At time of this birth): 31 YEARS
10. BIRTHPLACE (State or foreign country) (City or Town): Ida.
11a. USUAL OCCUPATION: Farmer
11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Annetta
b. (Middle):
c. (Last): Udy
13. COLOR OR RACE: W.
14. AGE (At time of this birth): 31 YEARS
15. BIRTHPLACE (State or foreign country) (City or Town): Utah
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0
17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. M. Palmer
18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)
18c. ADDRESS: Rigby
18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 10, 1913
20. REGISTRAR'S SIGNATURE: Ray H. Fisher
21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(*This section MUST be filled out*)

...TRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the ...dence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUN 15 1964

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 17089

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lessey (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 26, 1913 (Date of Event)

in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Arzella Lessey
Full Maiden Name of Mother	Nettie Udy	Annetta Udy

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1964

Steve Sleeman

Notary Public, residing at Twin Falls Idaho.

My commission expires 5/31/66.

(Seal)

Signed Lewel Lessey
(Signature of Any Credible Person) Brother

.....
(Street Address, City, State)

FORM DH 60-155 CL 5-28-64. nm

another Child's Birth Cert. on file: (Idaho Birth) #140717 gives full maiden name of mother as Annetta Udy - viewed by V.S.

L.D.S. Church Cert. of Blessing, Dec. 7, 1913 gives full name as Arzella Lessey, daughter of Chester Lessey and Nettie Udy - born Oct. 26, 1913 at Rigby, Idaho -

Application to the Beneficial Life Insurance Co., April 22, 1937 at Ely, Nevada - gives full name of insured as Arzella Lessey, born Oct. 26, 1913 at Rigby, Idaho - beneficiary is given as Annetta U. Lessey - mother - viewed by V.S.

155-224-022-753

Form V. S. No. 11—10m-6-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17090

Primary Registration District No. 2176 Registered No. 84

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Oct. 24 (Month)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Leslie W. Jensen	FULL MAIDEN NAME	Mable Peterson
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Arizona	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida

Filed Nov 10 1918 Roy H Fisher amp. Registrar

Registrar

R-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

814-209-022-667

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL [illegible]

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF [illegible]

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 17091

Registered No. 85

FULL NAME OF CHILD Edith Melba Haddon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	Nov 9 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Haddon	FULL MAIDEN NAME	Daisy Fox
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Rigby, Ida

Filed Nov 10 1913 Roy S. Fisher A.M.P. Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 25 1970

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 5 - 1970
Bureau of Vital Statistics

State of Idaho } ss.
County of Bonneville }

Certificate No. 17091

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Female Child (Name on Original Certificate) who Born (Was Born or Died) on Nov. 9, 1913 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on 9/6/12 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not named	Edith Melba Haddon

Subscribed and sworn to before me this 3rd day of June, 19 70.

Notary Public, residing at Shelley, Idaho
My commission expires Feb. 1, 1973
(Seal)

Signed X Orra Mangum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1095 Bear Ave. Idaho Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of June, 19 70.

Notary Public, residing at Shelley, Idaho
My commission expires Feb. 1, 1973
(Seal)

Signed Edna L Brown
(Signature of Any Credible Person)
1900 Peria st
(Street Address, City, State)
Idaho Falls Ida

DPH 52-155

Certificate of Baptism and Confirmation from LDS Church gives child's name as Edith Melba Littleford daughter of Charles Haddon and Desdemona Fox. Born Nov. 9, 1913 at Rigby, ID. Was baptized Sept. 3, 1932. Signed by. O. S. Cordon, Bishop. Child's last name is Haddon. Viewed by V. S.

NOV 21 1972

Family record gives child's name as Edith Melba Haddon born Nov. 9, 1913 at Rigby. Appears to be old, Viewed by V. S .

259-123-022-796

~~PLACE OF BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Butlers Island Registration District No. 98 File No. 17092

No. ..... St. Primary Registration District No. 2176 Registered No. 86

Hospital .....

FULL NAME OF CHILD WAYNE DELOS KERSWELL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	Oct. (Month) 23rd (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	J. F. Kerswell	FULL MAIDEN NAME	Arletta Probert
RESIDENCE	Butlers Island	RESIDENCE	Butlers Island
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. C. A. Fillmore

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, R. F. D. 2

Filed Nov 16 1913 Roy S. Fisher
A.M.P. Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted]

PLACE
County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho, } ss.
County of Madison, }

Certificate No. 17092

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) birth for Wayne Delos Kerswell, (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on October 23rd, 1913, (DATE OF EVENT) in Poplar, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October 23rd, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Wayne Delos Kerswell

Subscribed and sworn to before me this 17th day of February, 1943

Joseph A. Parker

Notary Public, residing at Rexburg, Idaho.

My commission expires Aug. 6th, 1943.

(SEAL)

Signed A. W. Kerswell

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Route #1, Rexburg, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Madison, }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of February, 1943

Joseph A. Parker

Notary Public, residing at Rexburg, Idaho.

My commission expires Aug. 6th, 1943.

(SEAL)

Signed Almira Kerswell

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Route #1, Rexburg, Idaho.

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 2 1943 By

(REGISTRAR'S SIGNATURE)

FEB 2 2 1943

361-126-022-813

Form V. S. No. 11—[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17093

Primary Registration District No. 2176 Registered No. 87

FULL NAME OF CHILD Arvina Coady

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	10 (Month) 26 (Day) 13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Ray Coady	FULL MAIDEN NAME	Viola Edna Hollinger
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones D.O.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Roberts

Filed Nov. 10 1913 Roy H Fisher Registrar

AMP

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

236-227-022-276

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 98

File No. 17094

No. ..... St.

Primary Registration District No. 2176

Registered No. 88

Hospital .....

FULL NAME OF CHILD Edna Lorena Stowell

Sex of Child F	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct. 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Stowell	FULL MAIDEN NAME	Elizabeth Spori
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Nov 10 1913 Roy H Fisher amp

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1962

693-204-018-451

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF [illegible]TISTICS
CERTIFI[illegible]H

County of Owyhee

City of Grasmere

Registration District No. 90 File No. 17095

No. ..... St.

Primary Registration District No. 2168 Registered No. 66

Hospital .....

FULL NAME OF CHILD Hope Wilden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 4 1913

FATHER

FULL NAME: Alpha Wilden

RESIDENCE: Grasmere Ida

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Wis

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Cora Dean

RESIDENCE: Grasmere Ida

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Kans

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Effie Nelson

(Physician or midwife)

Address Grasmere Ida

Given names added from a supplemental report.

..... 19....

Filed Oct 14 1913 J. M. Family Registrar

..... Registrar

S-Y CO. 24655

[redacted]

236-11[illegible]-018-61[illegible]

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Green

Registration District No. 90

File No. 17096

No. ..... St.

Primary Registration District No. 2168

Registered No. 67

Hospital .....

FULL NAME OF CHILD Herschel Horswell Stockard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Herschel Stockard	FULL MAIDEN NAME	Nannie Fabrique
RESIDENCE	Grier, Ida	RESIDENCE	Grier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle W Horswell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ontario Ida

Filed Oct 1913

J M Hanley

Registrar

Registrar

S-Y CO. 20174

NOV 4 1954

AUG 2 8 1975

053-214-018-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Greer

Registration District No. 90

File No. 17097

No. ..... St.

Primary Registration District No. 2168

Registered No. 68

Hospital .....

FULL NAME OF CHILD Orvill Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Bell	FULL MAIDEN NAME	Maggie Jefferies
RESIDENCE	Greer Ida	RESIDENCE	Greer Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Detroit Mich	BIRTHPLACE	Bierd Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was borne alive at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Effie Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Greer Ida

Filed Oct 20 1913 J. M. Fairly
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1 1974

453-218-018-113

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 17098

No. ..... St.

Primary Registration District No. 2168 Registered No. 69

Hospital .....

FULL NAME OF CHILD Nora DeLourney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 18 1913

	FATHER	MOTHER
FULL NAME	James M DeLourney	Eugenia B. Jaegnes
RESIDENCE	Orofino Idaho	Orofino, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	21
BIRTHPLACE	Ill	Mo
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Dailey

Physician (Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct 18 1913 J. M. Dailey Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1945

813-120-01[illegible]

[illegible]

BUREAU [illegible]

CERTIFICATE OF BIRTH

County of Clearwater

City of Oro Fino

No. ..... St.

Hospital .....

Registration District No. 90 File No. 17099

Primary Registration District No. 2168 Registered No. 70

FULL NAME OF CHILD Burleson LeRoy Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar W. Hall	FULL MAIDEN NAME	Etta Dodd.
RESIDENCE	Oro Fino	RESIDENCE	Oro Fino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Kansas
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Erle McHorswell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Oro Fino Idaho

Filed Oct 30 1913 J M Fairley

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1953

9 - 230 - 01 [redacted] 389

PLACE OF BIRTH

STATE OF IDAHO
[redacted] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 17100

No. ..... St.

Primary Registration District No. 2168 Registered No. 71

Hospital .....

FULL NAME OF CHILD Annie Dorothy Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	Oct 31 191[redacted]

FATHER		MOTHER	
FULL NAME	Jake Martin	FULL MAIDEN NAME	Sarah Ogna
RESIDENCE	Near Orofino	RESIDENCE	Near Orofino
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ....., at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle W. Horswell

Physician
(Physician or midwife)

Address Orofino Ida

Given names added from a supplemental report

.....19.....

Filed Oct 31 1913 J. M. Fairley

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

152-102-006-845

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17101
Local Reg. No.
Reg. Dist. No. 116

Amended 8/20/75

1. PLACE OF BIRTH
a. COUNTY: Bingham
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Aberdeen
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Edmund
b. (Middle):
c. (Last): Weber

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Oct. 2, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Karl
b. (Middle):
c. (Last): Weber

8. AGE (At time of this birth): 42 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Russia
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rosina
b. (Middle):
c. (Last): Huether

13. AGE (At time of this birth): 40 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Russia
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 10
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. C. McKinnon, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Aberdeen, Ida.
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Oct. 3, 1913
22. REGISTRAR'S SIGNATURE: M. C. McKinnon
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 6PM
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS AUG 1 2 50 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 17101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Rudolph Weber (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1913 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Rudolph Weber	Edmund Weber
Father's name	Karl Weber	Carl Weber

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of August, 1975.

Rachel L. Simpes

Notary Public, residing at 5369 Kalmia Dr. NE

My commission expires 6-21-76

(Seal)

Signed Erna Hilda Weber Isaak
(Signature of Any Credible Person)

6084 - 12th Ave N E Salem
(Street Address, City, State) Ore 97303

FORM DH 60-155 CL 3/9/73

Discharge from U.S. Army gives name as Edmund Weber born Oct. 2, 1913. date of July 31, 1956. born in Aberdeen, Idaho. viewed by V. S.

Family Bible record gives name as Edmund Weber born Oct. 26, 1913 in Aberdeen, Idaho father;s name as Karl Weber and mother's name as Rosina. viewed by V. S.

547-212-006-791

Form V. S. No. 1

PLACE OF BIRTH

County of Bingham

City of Sterling

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 17102

Primary Registration District No. 2195 Registered No. 11

FULL NAME OF CHILD Marian Francis Nugent

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Oct 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Amery Nugent	FULL MAIDEN NAME	Louisa Graham
RESIDENCE	Sterling Ida	RESIDENCE	Sterling, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seventh Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Idaho

Filed Oct 13 1913 M C Mackinnon

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 13 1954

384-113-006-551

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 116 File No. 17103

Primary Registration District No. 2195 Registered No. 12

FULL NAME OF CHILD James Noral Thurston

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Oct 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George William Thurston	FULL MAIDEN NAME	Maria Evans
RESIDENCE	Springfield Ida.	RESIDENCE	Springfield, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. McKinnon MD

(Physician or midwife)

Given names added from a supplemental report

Oct 15 1913

McMcKinnon Registrar

Address Aberdeen Ida

Filed Oct 14 1913 McMcKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

962-216-006-214

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 17104

Primary Registration District No. 2195 Registered No. 13

FULL NAME OF CHILD Edith Robert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 16 1913

FATHER

FULL NAME: Edward Robert

RESIDENCE: Aberdeen, Ida,

COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ida Baumgardner

RESIDENCE: Aberdeen, Ida,

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 18 1913 M. C. MacKinnon
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

Dup'd 1913-191762

468-222-006-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 17105

Primary Registration District No. 2195 Registered No. 14

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)		—	Yes	Oct 22 1913

FATHER

FULL NAME: Isaiah Morgan

RESIDENCE: Aberdeen, Ida.

COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Ella Morgan

RESIDENCE: Aberdeen, Idaho

COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: Fifth

Number of children of this mother now living, including present birth: Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Markinson M. D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 25 1913 M. C. Markinson

Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

85

DUP OF 1913 D 52-2518

Z LAST NAME = NO NUMBER

359-12 391.

PLACE OF [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 116 File No. 17106

No. ____ St.

Primary Registration District No. 2195 Registered No. 15

Hospital ____

FULL NAME OF CHILD Willard Robert Leisy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Oct 22 1913

FATHER	MOTHER
FULL NAME Albert Herman Leisy	FULL MAIDEN NAME Henrietta Minerva Tiahrt
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Nebraska
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

Aberdeen Idaho

(Physician or midwife)

Address ____

Given names added from a supplemental report

Oct 31 1913

M. C. MacKinnon.

Registrar

Filed Oct 25 1913 M. C. MacKinnon

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 17106

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on Oct 22, 1913 (Date of Event)
in Aberdeen, Idaho (Place of Event) are ~~erroneous~~ or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Williard Robert Leisy	Willard Robert Leisy

Subscribed and sworn to before me this 29
day of April, 19 42
M. D. Lunceford
Notary Public, residing at Aberdeen, Ida
My commission expires 12-31-45
(Seal)

Signed Mrs. Henrietta M. Leisy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 3

MAY 4 1942

OCT 7 1944

946-231-006-256

Form V. S. No. HC-[illegible]

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 17107

Primary Registration District No. 2195 Registered No. 16

FULL NAME OF CHILD Esther Angelica Ruff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female	—	—	Yes	Oct 31

FATHER		MOTHER	
FULL NAME	Gottfried Ruff	FULL MAIDEN NAME	Mary Knodel
RESIDENCE	Aberdeen, Ida	RESIDENCE	Aberdeen Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth: Ninth

Number of children of this mother now living, including present birth: Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.
(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 1 1913 M. C. Mackinnon
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 8 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Parma

154-101-014-712 Registration District No. _____ File No. 17108

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD JOHN EDWIN ANDREWS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	11 - 1 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Asa W. Andrews	FULL MAIDEN NAME	Minnie Tabley
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Kuhn

M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma Idaho

Filed 11/1 1913 R. J. Kuhn

Registrar Registrar

S-Y CO. 24655

[redacted]

PLACE OF DEATH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 17108

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Edwin Andrews

Subscribed and sworn to before me this 2
day of March, 1942
Mildred Hailey
Notary Public, residing at Boise Ida
My commission expires 11-5-43
(Seal)

Signed Asa H. Andrews
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2d
day of March, 1942
Mrs. B. Edwards
Notary Public, residing at Boise, Idaho.
My commission expires Nov. 6, 1944
(Seal)

Signed A. Gucker
(Signature of Any Credible Person Other Than Previous Year)

Route 2 - Boise Idaho
(Street Address, City, State)

295-128-014-499

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. _____ File No. 17109

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Seiber

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	✓		✓	Yes	10 (Month) 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Seiber	FULL MAIDEN NAME	Cordelia Dieden
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ark.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 01 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Clem

M. D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma Idaho

Filed 10/29 1913

R. J. Clem
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 13-32555

Given nmaes Clara Etta that was supposed to be added to
1913 15398 removed from this record

493-231-014-417

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 17110

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Flora Eilleen Dilley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	10 (Month) 31 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. V. Dilley	FULL MAIDEN NAME	Gail Maxfield
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Colo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was boncalive at 7.40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Cuen

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Parma Idaho

Filed 10/31 1913 R. J. Cuen
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 22 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-[illegible]-014-143

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. _____ File No. 17112

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Norman Quiggle Caldwell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Oct (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Minard W. Caldwell	FULL MAIDEN NAME	Marie H. Juhum
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Parma

Filed 10/31 1913 R. J. Dunn

Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

349-107-014-453

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17113

County of Canyon

City of Parma

Registration District No. _____ File No. _____

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital at Home

FULL NAME OF CHILD Ezra Miles Turner

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	Sept 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George E. Turner	FULL MAIDEN NAME	Louise De Lyme
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Wilde Jr.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed 11/7 1913 R. J. Clark

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 25 1976

864-202-014-219

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. _____ **File No.** 17114

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

~~*Hospital*~~ Home

FULL NAME OF CHILD Emma Josephine Hodgin

Sex of Child	~~Twin~~ Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One (To be answered only in event of plural births)	2nd	yes	Sept. 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Monroe Hodgin	FULL MAIDEN NAME	Elsie May Bartles
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mills Co, Iowa	BIRTHPLACE	Frankfort, Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1-40 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Muldrey, M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Parma Idaho

Filed 11/2 1913 R. J. Lewis

_____ *Registrar* *Registrar*

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

432 - 216-014-194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1—Revised

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 17115

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Delmer Iola McKee

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F				Oct 16 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Robert James McKee	FULL MAIDEN NAME	Ella Armstrong
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. McKee M.D.

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11/2 1913 R. J. Green Registrar

8-Y CO. 24656

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

393-222-014-293

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Greenleaf

No. ..... *St.*

~~*Hospital*~~ at Home

Registration District No. .....

Primary Registration District No. .....

File No. 17116

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	One	1st	Yes	Oct 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hiram L. Tillett	FULL MAIDEN NAME	Sylvia Billeville
RESIDENCE	Greenleaf	RESIDENCE	Greenleaf
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Muldoon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma Idaho

Filed 11/2 1913 R. J. [illegible]

Registrar

Registrar

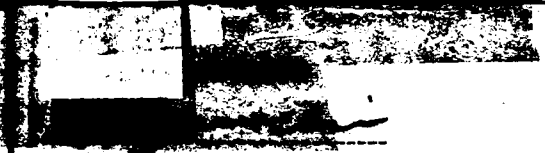
S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Franklin

666-109-021-769

No. ..... St.

Registration District No. 27 File No. 17118

Primary Registration District No. 2119 Registered No. 148

Hospital

FULL NAME OF CHILD Garnet Woodward Jr

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 9 1913 (Month) (Day) (Year)

FATHER—		MOTHER	
FULL NAME	Garnet Woodward	FULL MAIDEN NAME	Alice Porter
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Ida.

Filed 11/12 1913 Albert Cutler Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

753-203-021-753

Form V. S. [illegible] 15-12

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 17119

Primary Registration District No. 2119 Registered No. 15-1

FULL NAME OF CHILD Edna Clotilde Petersen

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmo Petersen	FULL MAIDEN NAME	Emma Petersen
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Franklin	BIRTHPLACE	Cox Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Secrest

Physician (Physician or midwife)

Address Franklin Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/12 1913 Alvin R. Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

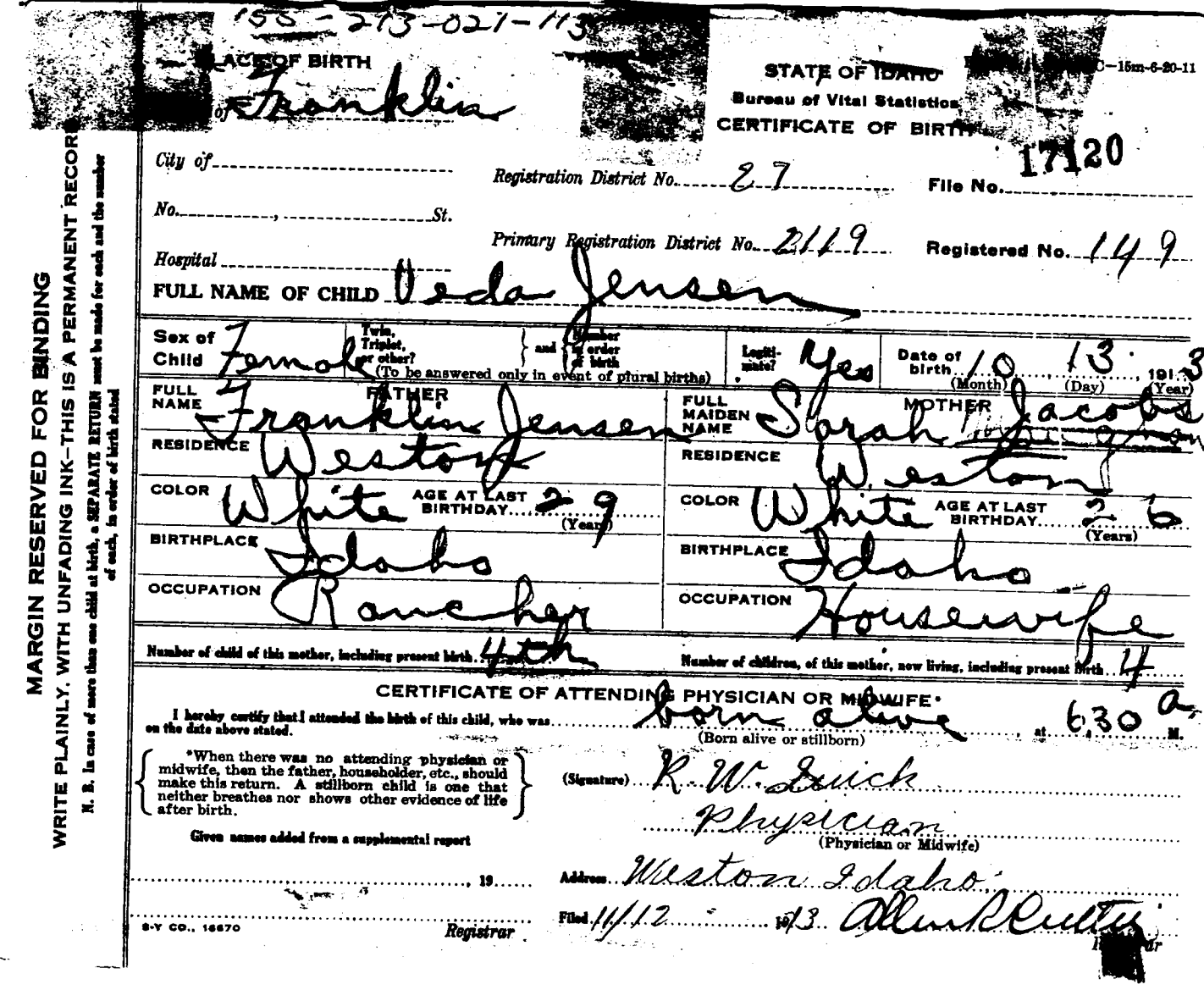
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 2 1976



155-213-021-113

PLACE OF BIRTH

of Franklin

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

C—15m-6-20-11

City of _____ Registration District No. 27 File No. 17120

No. _____, _____ St.

Primary Registration District No. 2119 Registered No. 149

Hospital _____

FULL NAME OF CHILD Veda Jensen

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	10 13 1913

FATHER		MOTHER	
FULL NAME	Franklin Jensen	FULL MAIDEN NAME	Sarah Jacobs
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Weston Idaho

Filed 11/12 1913 Allen R Cutler

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 15 1965

MAR 3 1966

AFFIDAVIT

STATE OF UTAH)
ss.
COUNTY OF SALT LAKE)

Re: Birth Certificate for Veda Jensen born October 13, 1913 at Weston, Idaho
Idaho Department of Health
File No. 17120

SARAH JACOBS JENSEN, being first duly sworn, deposes and says:

That she is the mother of Veda Jensen named in the aforesaid birth certificate, who was married to Paul M. Guss, the latter being now deceased, and who also became known as Helen J. S. Guss; that Helen J. S. Guss and Veda Jensen named in said birth certificate are one and the same person.

Affiant further deposes that the said Veda Jensen Guss, also known as Helen J. S. Guss, presently resides at 1719 Orchard Drive, Salt Lake City, Salt Lake County, State of Utah, and that this affidavit is made to correct or supplement the aforesaid birth certificate and to evidence the identity of the individual named therein as Veda Jensen.

Further affiant saith not.

Sarah Jacobs Jensen

SUBSCRIBED and SWORN to before me this 5 day of January, 1965.

Melvin Sechler
NOTARY PUBLIC
Residing at Salt Lake City, Utah

My commission expires:
2/1/68

236-112-021-449

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 17121

No. ..... St.

Primary Registration District No. 2119 Registered No. 145

Hospital

FULL NAME OF CHILD Hugh Stewart Sloan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Mch 12 1913 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Hugh Sloan		Edith Durrant	
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Alma Wyo	BIRTHPLACE	Franklin
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Idaho

Filed 11/12 1913 Allen R Cutler Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 17-C—20m-8-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MAR 25 1969

County of

693-118-021-815

Form V. S. No. 11-C

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 17122

Primary Registration District No. 2119 Registered No. 146

FULL NAME OF CHILD George Lance Wilkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feby 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Uriah Wilkinson	FULL MAIDEN NAME	Anna Handy
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Franklin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 30 A on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Terrest

Physician (Physician or midwife)

Address Franklin Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 11/12 1913 Albert Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

445-221-021-865

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 17123

Primary Registration District No. 2119 Registered No. 147

FULL NAME OF CHILD Margaret Dunkley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sept 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Parley Dunkley	FULL MAIDEN NAME	Addie Lowe
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Whitney Idaho	BIRTHPLACE	Franklin
OCCUPATION	Milk Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Idaho

Filed 11/12 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

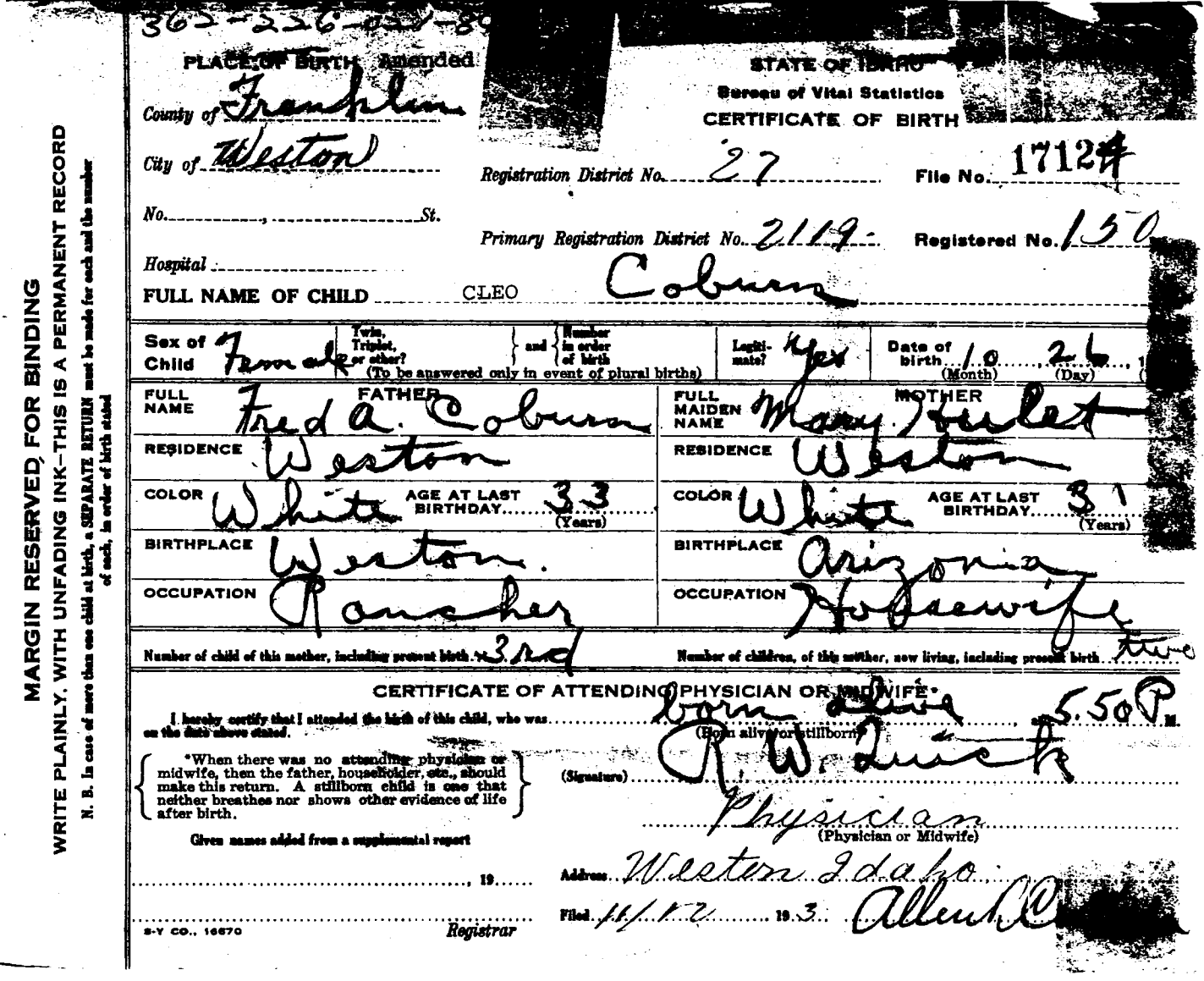
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 12 1942



362-226-021-80

PLACE OF BIRTH Amended

County of Franklin

City of Weston

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 17124

Primary Registration District No. 2119 Registered No. 150

FULL NAME OF CHILD CLEO Coburn

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Female		Yes	10 26

	FATHER		MOTHER
FULL NAME	Fred A. Coburn	FULL MAIDEN NAME	Mary Hulet
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Weston.	BIRTHPLACE	Arizona
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.50 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Quick

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Weston Idaho

Filed 11/12 1933 Allen C

_____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH. Dec ded 4-8-78

10-16-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17124

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Adrinne Coburn (Name on Original Certificate) who was born (Was Born or Died) on October 26, 1913 (Date of Event)

in Weston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Adrinne Coburn	Cleo Coburn

Subscribed and sworn to before me this 24th day of February, 1978

Ray A. Mumbler

Notary Public, residing at Logan, Utah

My commission expires 3-23-81

(Seal)

Signed Elner Goodwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Trenton, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

C.C. (S)

Certificate of Baptism and Confirmation gives name as Cleo Coburn Simmonds duaghter of Frederick A. coburn and Mary Hulett was born October 26, 1913 at Weston, Idaho and Baptized June 24, 1922 in L.D.S.Church.
Viewed by V.S.

Mountain States Insurance Company gives name as Cleo Simonds bornat Weston, Idaho on October 26, 1913. Policy issued August 11, 1948.
Viewed by v.S.

O. K. to correct name to Cleo. Adrinne was put on in error.

692-203
003-343

PLACE OF [redacted]TH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Oxford

No. ..... St.

Hospital .....

Registration District No. 27 File No. 17125

Primary Registration District No. 2119 Registered No. 143

FULL NAME OF CHILD Linnie Jean Fisher

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Female	One	and	Yes	Nov 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Viclo Russell Fisher	FULL MAIDEN NAME	Jennie Cecile Tucker
RESIDENCE	Oxford	RESIDENCE	Oxford
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oxford	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 10:17 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Date [illegible] 1913 Allen R Cutler
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 9 11 19 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 17125

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fisher (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 3, 1913 (Date of Event)
in Oxford, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Confirmation (Bible Record, Insurance Policy, Etc.) prepared on July 2 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed-	Linnie Jean Fisher

Subscribed and sworn to before me this 5th day of March, 1977

Notary Public, residing at Salt Lake City, Utah
My commission expires September 23, 1977
(Seal)

Signed Cecil T. Fisher, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Oxford, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1977

Notary Public, residing at Salt Lake City, Utah
My commission expires Sept 23, 1977
(Seal)

Signed Robert B Knell
(Signature of Any Credible Person)

766 Harrison, Salt Lake City, Utah
(Street Address, City, State)

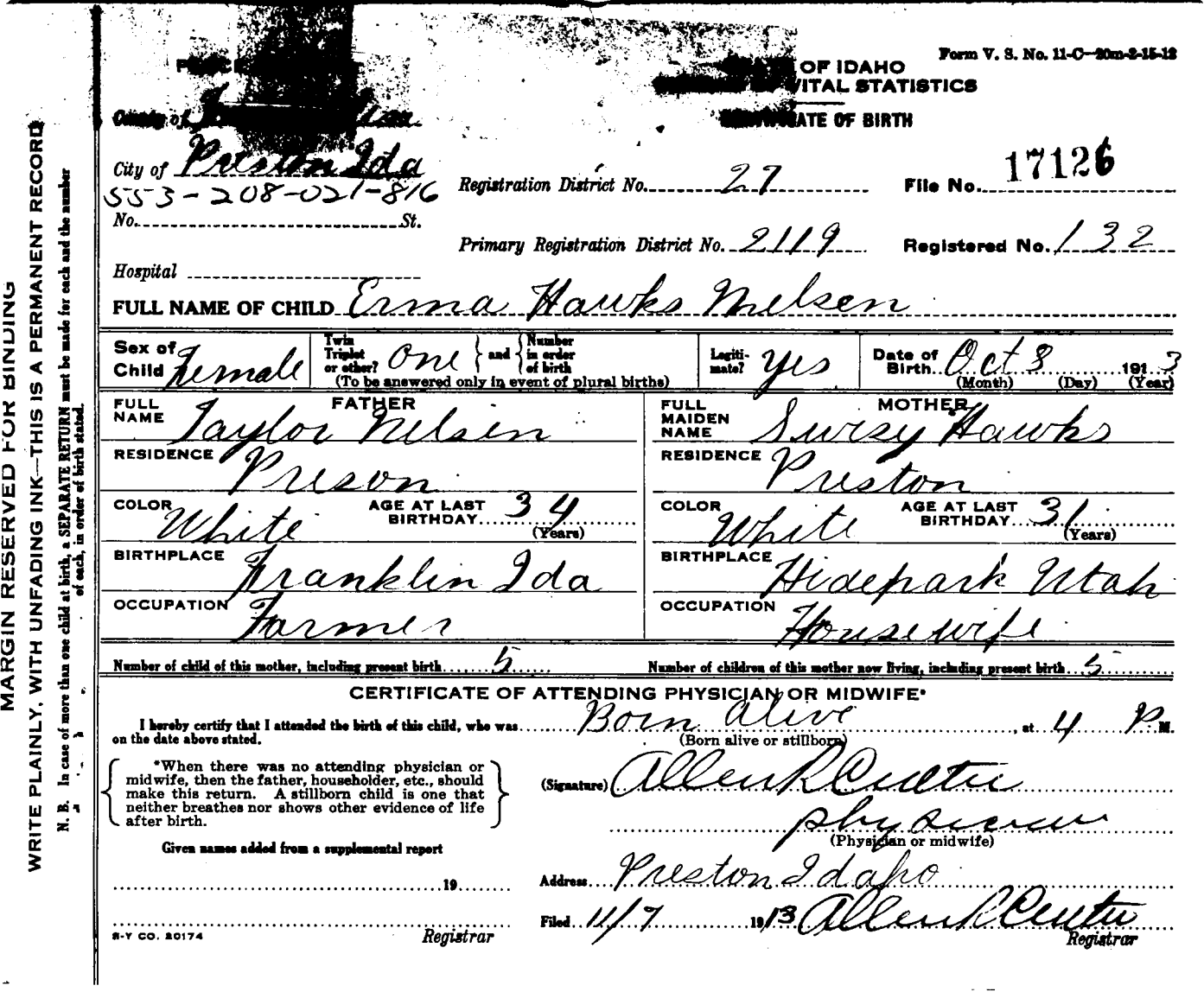
FORM DH 60-155

CL 2/25/77 nm

Certif of Baptism and Confirmation from the LDS Church gives name as Linnie Jean Fisher daughter of Victor R. Fisher and Jennie C. Tucker. born Nvo 3, 1913 at Oxford, Idaho. Baptized July 1, 1922. viewed by V. S.

APR 6 1977

Certif of Blessing from the LDS Church gives nameas Linnie Jean Fisher daughter of Victor R. Fisher and Cecil Tucker. Bonr Nov 3, 1913 at Oxford, Idaho. Blessed Jan 4, 1914. viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
[illegible]ATE OF BIRTH

County of [illegible]

City of Preston Ida

No. 553-208-021-816 St.

Registration District No. 27 File No. 17126

Primary Registration District No. 2119 Registered No. 132

Hospital

FULL NAME OF CHILD Erma Hawks Nelsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	One		Yes	Oct 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Taylor Nelsen	FULL MAIDEN NAME	Swisy Hawks
RESIDENCE	Preson	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Hidepark Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 11/7 1913 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

[redacted]

DUP OF 1913 – 344107

666-212
021-713

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale Ida

Registration District No. 27 File No. 17127

No. ..... St.

Primary Registration District No. 2119 Registered No. 133

Hospital .....

FULL NAME OF CHILD Verda Woolf

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One			Yes	Oct 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Woolf Jr. Woolf	FULL MAIDEN NAME	Bertha L. Packer
RESIDENCE	Riverdale Idaho	RESIDENCE	Riverdale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Hydepark Utah	BIRTHPLACE	Riverdale Idaho
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 4/7 1913 Allen R Cutler Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIR. #

PLACE OF BIRTH

OCT 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida

534-229-021-789

No. ..... St.

Registration District No. 27 File No. 17129

Primary Registration District No. 2119 Registered No. 141

Hospital .....

FULL NAME OF CHILD Emma ELDREDGE

Sex of Child	Twin Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	One		Yes	Oct 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horace Eldredge	FULL MAIDEN NAME	Anna Annora Philip
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	American Fork	BIRTHPLACE	Clifton
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 11/7 1913 Allen R Cutler

Registrar Registrar

2-Y CO. 20174

DEC 10 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17129

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Emma	Emma Eldredge

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

My commission expires .....
(SEAL)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 16 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 21 1942

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Franklin

City of Clifton Ida

No. 215-224-021-791 St.

Registration District No. 27

File No. 17130

Primary Registration District No. 2119

Registered No. 138

Hospital

FULL NAME OF CHILD Olive Evaline Sant

Sex of Child Female

Twin, Triplet or other? One (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Oct 24 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Thomas Heber Sant	FULL MAIDEN NAME Sarah M. Pratt
RESIDENCE Clifton Ida	RESIDENCE Clifton Ida
COLOR White	COLOR
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Clifton Ida	BIRTHPLACE Fullmore Utah
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 11/7 1913 Allen R. Cutler Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

262-126
021-465

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mapelton Ida

Registration District No. 27 File No. 17131

No. ..... St.

Primary Registration District No. 2119 Registered No. 139

Hospital .....

FULL NAME OF CHILD Seth Morgan Bosworth

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One		yes	Oct 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Brigham Bosworth	FULL MAIDEN NAME	Myrtle C. Morghan
RESIDENCE	Mapelton Ida	RESIDENCE	Mapelton Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Kaysville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 11/7 1913 Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1907—Rev-3-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

292-207-021-695

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston Ida

Registration District No. 27 File No. 17132

No. ..... St.

Primary Registration District No. 2119 Registered No. 131

Hospital .....

FULL NAME OF CHILD Ora Bishop

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	one		Yes	Aug 7 1913

FATHER		MOTHER	
FULL NAME	J. Melvin Bishop	FULL MAIDEN NAME	Polly Winward
RESIDENCE	Preston Idaho	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Murry Utah	BIRTHPLACE	Jordan Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 11/7 19 13 Allen R Cutler

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1970 PLACE OF BIRTH

(County of [illegible])

249-114-021-759

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17134

County of Franklin

City of Preston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 129

Hospital Home

FULL NAME OF CHILD James Heywood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Yes	Oct 14 1913

FATHER	MOTHER
FULL NAME James Herbert Barnes	FULL MAIDEN NAME Annie Griffith
RESIDENCE Preston	RESIDENCE Preston
COLOR White AGE AT LAST BIRTHDAY 29 (Years)	COLOR White AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Bolton Lancashire Eng	BIRTHPLACE Ashton Lancashire
OCCUPATION Laborer	OCCUPATION Home keeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) at 1 P M on the date above stated.

(Signature) Fanny McQueen

(Physician or midwife)

Address Preston Franklin Co. Ida

Filed 10/20 19 13 Allen R Reeder
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

19

Registrar

S-Y CO. 24655

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1972

395-[illegible]
036-632 [redacted]

PLACE O[redacted]

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of One[redacted]

City of Weston Ida

No. ....., ... St.

Hospital .....

Registration District No. 29 File No. 17135

Primary Registration District No. 2119 Registered No. 144

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	10 ..... 191[illegible]

FATHER		MOTHER	
FULL NAME	William Lindquist	FULL MAIDEN NAME	Martha Olsen
RESIDENCE	Weston	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Weston	BIRTHPLACE	Weston
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A R Cutler M.D.

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston Idaho

Filed 11/7 1913 Allen R Cutler Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case more than one child at birth, a SEPARATE RETURN must be made for each and the number of each stated in order.

PLACE OF

STATE OF IDAHO

Form V. S. No. 11-C

17135

LAST DAY

Including present hr

at

381-129
024-414

PLACE OF BIRTH [redacted]

[redacted] 2-15-12

BUREAU [redacted]

CE[redacted]

County of Franklin

City of Preston

No. ..... St.

Hospital home

Registration District No. 27 File No. 17136

Primary Registration District No. 2119 Registered No. 128

FULL NAME OF CHILD CLAIR M. CHADWICK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sep. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S. Clarence Chadwick	FULL MAIDEN NAME	Della Maughn
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Franklin Idaho.	BIRTHPLACE	Wellsville Utah
OCCUPATION	Farmer	OCCUPATION	homekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McLean

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Franklin Co. Ida.

Filed 10/20 1913 Allen R Cutler
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17136

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Claire M. Chandwick	Clair M. Chadwick
sex	girl	male

Subscribed and sworn to before me this 28
day of Feb- 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1944
(Seal)

Signed Della Maughan Chadwick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of Feb- 1942

Notary Public, residing at Preston Ida

My commission expires May 1-1944
(Seal)

Signed Lowell Neeley
(Signature of Any Credible Person Other Than Previous Year)

Preston Ida
(Street Address, City, State)

693-217-021-462

[illegible]CE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL [illegible]CS

[illegible] V. S. [illegible]

CERTIFICATE [illegible]

County of Franklin

City of Preston,

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 17137

Registered No. 134

FULL NAME OF CHILD Florence Williams,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Williams	FULL MAIDEN NAME	Mary Moser
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho Falls, Idaho.	BIRTHPLACE	Switzerland,
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 11/7 1913 Allen R Culter Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

215-119-021-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Treasureton

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 17138

Primary Registration District No. 2119 **Registered No.** 136

FULL NAME OF CHILD Clifford Sant,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 19 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Elmer Sant,	FULL MAIDEN NAME: Isabelle Walton,
RESIDENCE: Treasureton, Idaho.	RESIDENCE: Treasureton, Idaho,
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Grover, Wyoming	BIRTHPLACE: Blue Valley, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Staten

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho

Filed 11/7 1913 Allen R. Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jm-3-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-131

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

Primary Registration District No. 2119

File No. 17139

Registered No. 141

FULL NAME OF CHILD Vern Carl Strand

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 31 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Carl Strand	FULL MAIDEN NAME: Tessie Olson
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Stockholm, Sweden.
OCCUPATION: Baker	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 11/7 1913 Allen R. Cutler Registrar

..... Registrar

S-Y CO. 20174

[redacted]

319-227
021-261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 17140

Primary Registration District No. 219 Registered No. 137

FULL NAME OF CHILD Helen Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct. 27, 1913

FATHER	MOTHER
FULL NAME: Alma Larsen	FULL MAIDEN NAME: Martha Swainston
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Logan, Utah.	BIRTHPLACE: Whitney, Idaho.
OCCUPATION: Farmer,	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy Stalls

Physician, (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 11/7 19 13 Allen R. Curtis Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-5-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

753 - 205 - 007 - 415

PLACE OF BIRTH

County of Blaine

City of Hailey

[redacted] STATE OF IDAHO
[redacted] OF VITAL STATISTICS
[redacted] CERTIFICATE OF BIRTH

Form V. S. No. 11-C [redacted]

Registration District No. 71 File No. 17142

Primary Registration District No. 2022 Registered No. 97

Hospital [redacted]

FULL NAME OF CHILD no name

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 5 1913

FATHER		MOTHER	
FULL NAME	John Peterson.	FULL MAIDEN NAME	Amy E. Davis
RESIDENCE	Crooks Idaho	RESIDENCE	Crooks Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rapf M.d.

(Physician or midwife)

Address Hailey Idaho

Filed Oct 10 1913 Robert H. Wright Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

[redacted]

PLACE OF BIRTH

296-204-007-497

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Ketchum

Registration District No. 21 File No. 17143

No. ..... St.

Primary Registration District No. 2022 Registered No. 98

Hospital ~~Carrie~~ RUBY V.

FULL NAME OF CHILD ~~Geo E.~~ Brockway

Sex of Child	Twin Triplet or other? (To be answered only in [illegible] births)	Legitimate?	Date of Birth
7	and [illegible]	Yes	Oct (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo E. Brockway	FULL MAIDEN NAME	Minnie Wright
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Engine tender	OCCUPATION	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 4 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Kleinman M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Hailey Ida

Filed Oct 10 1913 Robert H. Wright
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 24 1975

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BLAINE }

Certificate No. 17143

Date Filed MAY 28 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Carrie Brockway (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1913 (Date of Event)
in Ketchum, Idaho, Blaine Co (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 18- 1939. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		
name--Carrie Brockway	Carrie Brockway	Ruby V. Brockway

Subscribed and sworn to before me this 26.
day of May, 1942
R.N. McCoy
Notary Public, residing at Hailey, Idaho.
My commission expires 3-31-'43
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO. } ss.
County of BLAINE. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26
day of May, 1942
R.N. McCoy
Notary Public, residing at Hailey Ida
My commission expires 3- 31 -'43
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Years)
Hailey Idaho.
(Street Address, City, State)

DEC 13 1966

MAY 29 1942

FILE # 17144

YEAR 1913

IDAHO BIRTH CERTIFICATE

VOID SEE STILLBIRTH

S - 1913-17144

713-112-007-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blane

City of Arco

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-1[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 17145

Primary Registration District No. 2074 Registered No. 100

FULL NAME OF CHILD George Warren Gates

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct. 12 1913

FATHER		MOTHER	
FULL NAME	George Walter Gates	FULL MAIDEN NAME	Evangline Harkness
RESIDENCE	Eorie flat	RESIDENCE	Eorie flat
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho.
OCCUPATION	Farming	OCCUPATION	housewife

†Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3.25 - C.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address P

Filed Oct 20 1913 Robert H. Wright Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

449-217-007-239

PLACE OF BIRTH Amended 8/18/78

Form V. S. No. 11-C-20[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Hospital .....

Registration District No. 21 File No. 17146

Primary Registration District No. 2022 Registered No. 101

FULL NAME OF CHILD Maxine Ardelle Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	✓	1	Yes	Oct 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Murphy	Ava Stutt
RESIDENCE	Bellevue	Bellevue
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Indiana	Nevada
OCCUPATION	Miner	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

(Physician or midwife)

Address Bellevue, Idaho

Given names added from a supplemental report

..... 19.....

Filed Oct 25 1913 Robert H. Wright

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 19 3 29 PM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17146

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Murphy (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 17 1913 (Date of Event)

in Bellevue Idaho (Blaine) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child s name	Unnamed	Maxine Ardell Murphy

Subscribed and sworn to before me this 13 day of February, 1975

John E. Magnuson

Notary Public, residing at Hailey, Idaho 83353

My commission expires 7-20-79

(Seal)

Signed Jannette Gutcher

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 1978

Karen L. Jones

Notary Public, residing at Boise, Idaho

My commission expires February 2, 1980

(Seal)

Signed Helen E. Carman

(Signature of Any Credible Person)

406 Ada St Boise Ida 83707

(Street Address, City, State)

FORM DH 60-155

CL 7/28/77 nm

Social Secuirty card applicaton (518-18-0206) gives name as Maxine Ardelle Murphy born Oct 17, 1913 at Bellevue, Idaho. father's name as William M. Murphy and mother's name as Anna Stitt. dated July 11, 1940. viewed by V. S.

AUG 18 1978

Baptismal record from church gives nameas Maxine Ardel Murphy dated March 1, 1914 born Oct 17, 1913. viewed by V. S.

632-205-007-565

Amended 4-16-63

(Be sure the information is complete and accurate)

State File No. 17147
Local Reg. No. 102
Reg. Dist. No. 21

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Agnes
b. (Middle): Irene
c. (Last): Olsen

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Oct. (Day) 5, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Olavf
b. (Middle): Joseph
c. (Last): Olsen

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Bellevue, Idaho

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Claira
b. (Middle): Maud
c. (Last): Noel

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Kansas

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 1
b. How many OTHER children were born alive but are now dead?: 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: E. W. Fox, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Arco, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Oct. 15, 1913

20. REGISTRAR'S SIGNATURE: Robert H. Wright

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred transmits this record to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 16 1965
Bureau of Vital Statistics

State of Oregon
County of Malheur } ss.

Certificate No. #17147

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Agnes Irene Olsen (Name on Original Certificate) who was born (Was Born or Died) on October 5, 1913 (Date of Event)
in Arco, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 13 day of Apr, 1965.
Earl Eberly
Notary Public, residing at Ontario Ore
My commission expires Jan 2 1965
(Seal)

Signed Elvina M Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
312 South 12th - Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of Apr, 1965.
Earl Eberly
Notary Public, residing at Ontario Ore
My commission expires Jan 2 1965
(Seal)

Signed Marie Barlow
(Signature of Any Credible Person)
160 NW 6th St - Ontario, Oregon
(Street Address, City, State)

FORM DH 60-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PL[redacted]H

County of [redacted]laine

City of Ares — Registration District No. 5921 — File No. 17148

No. 386-125-007-899, St. — Primary Registration District No. 2139 20724 — Registered No. 103

Hospital

FULL NAME OF CHILD Emil Paul Thomas

Sex of Child	Twin, Triplet, or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	2	yes	10 25th 1913

	FATHER	MOTHER
FULL NAME	Paul Thomas	FULL MAIDEN NAME Mabel Hirst
RESIDENCE	Ares - Oklahoma	RESIDENCE Ares - Oklahoma
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	France	Missouri
OCCUPATION	General Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5m a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Fox M.D.

(Physician or Midwife)

Address Ares Okla

Given names added from a supplemental report

....., 19.....

Filed Nov 1 19 13 Robert H. Wright

S-Y CO., 16670

Registrar

Registrar

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oklahoma } ss. Certificate No. 17148

County of Pawnee } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Emil Paul Thomas (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct 25 1913 (DATE OF EVENT) in Arco Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother's statement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Feb 20 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Emil Paul Thomas
Date	Oct. 26th	Oct. 25, 1913

Subscribed and sworn to before me this 20th day of Feb, 1943

Nellie Livesay

Notary Public, residing at Pawnee Okla

My commission expires Dec 18 1945

(SEAL)

Signed Mabel H. Thomas

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

706 Granite St Pawnee Okla

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oklahoma } ss.

County of Pawnee }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of Feby, 1942

Nellie Livesay

Notary Public, residing at Pawnee Okla

My commission expires Dec 18 1945

(SEAL)

Signed ~~Mabel H. Thomas~~ Emma J. Huerst-Grand Mother

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

706 Granite St. Pawnee Okla

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 23 1943

993-224-007-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 17149

Primary Registration District No. 2045 Registered No. 104

FULL NAME OF CHILD no name VERNIS RICHARDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 24 1913

FATHER	MOTHER
FULL NAME Parker Richards	FULL MAIDEN NAME Mary E. Cooper
RESIDENCE Carey	RESIDENCE Carey
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rand M.D.
(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 1 19 13 Robert H. Wright
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 24 1952

MAY 26 1972

231-207-007-619

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Blaine

City of Moore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~59~~ # 21 File No. 17150

Primary Registration District No. ~~2139~~ 2074 Registered No. 105

FULL NAME OF CHILD Zelene Black

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate	Date of Birth
Girl	Other	12	yes	Oct. 7 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. H. Black	FULL MAIDEN NAME	Mabel A Warner
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kanosh Millard Co. Utah	BIRTHPLACE	Fillmore Millard Co.
OCCUPATION	Farmer	OCCUPATION	Child bearing ~~House wife~~

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah C. Lemmon

Mid Wife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moore Blaine Co Idaho

Filed Oct 15 1913 Robert H. Wright Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1976

533-212-007-117

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [redacted]

Registration District No. 21

File No. 17151

Primary Registration District No. 2022

Registered No. 106

FULL NAME OF CHILD Nellie Waive Ellis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 12 1913

FATHER		MOTHER	
FULL NAME	John G. Ellis	FULL MAIDEN NAME	Blanche Jagger
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 13 1913 Robert H. Wright

Registrar

..... Registrar

S-Y CO., 16470

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

573-206-007-419

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 17152

Primary Registration District No. 2022 Registered No. 107

FULL NAME OF CHILD Pearl Louise Nickerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Trueman F. Nickerson	Dora Mann
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Laborer	H-W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Oct 10 1913 Robert H. Wright

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 2 1965 Birth and Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 17152

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Nickerson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1913 (Date of Event) in Hailey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Pearl Louise Nickerson

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2308 Ackl Ave SW. Seattle, Wn

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of Oct [illegible], 19[illegible]

[signature]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed Mrs [illegible] Gallagher

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

FORM DH 60-155 CL 10-11-65. one copy pd. rec. #17922.

Seattle, Washington, Public Schools Grade Transcript, Gives one child's full name as Pearl Louise Nickerson - viewed by V.S.

JAN 10 1966

Affidavit submitted to the Veterans Administration, Sept. 9, 1922, by Mrs. W.W. Wanders, mother gives one child's full name as Pearl Louise Nickerson, age 8 - viewed by V.S. -

813-216-007-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. [redacted]

Registration District No. 21

File No. 17153

Primary Registration District No. 2022

Registered No. 108

FULL NAME OF CHILD FRANCES MARGARET HALE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Enoch Heale	Cynthia Davy
RESIDENCE	Hailey Ida	Hailey Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Hailey Ida
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 20 19 13 Robert H. Wright

Registrar

..... Registrar

S-Y CO., 16670

PLACE OF BIRTH

MAR 21 1974

SEP 5 1951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blane

City of Arco

No. [redacted] St.

355-227-007-249

Hospital

Registration District No. ~~59~~ 21 File No. 1715[redacted]

Primary Registration District No. ~~21~~ 2024 29 Registered No. 1[redacted]

FULL NAME OF CHILD Velma Lee

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Female		Yes	Oct 27

FATHER		MOTHER	
FULL NAME	Fabio C. Lee	FULL MAIDEN NAME	Rena Burgess
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	3[illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	house wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11-15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov 12 1913 R. H. Wright Jr. Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAR 5 1936

PLACE OF BIRTH

STATE OF IDAHO

212-120
025-363

PLACE OF BIRTH

State of Idaho

City of Grangeville

[redacted] CERTIFICATE OF BIRTH

Registration District No. 10 File No. 17155

No. St.

Primary Registration District No. 1001 Registered No. 429

Hospital

FULL NAME OF CHILD William Colvin Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 20 1913

FATHER		MOTHER	
FULL NAME	Best Baker	FULL MAIDEN NAME	Jessie G Colvin
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Clerk in Grocery Store	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

.....19.....

Filed Nov. 6 1913 Jesse L. Raines
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY; WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1942

NOV 5 1975

955-215-025-693

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

County of Idaho

City of Harpster

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 17156

Primary Registration District No. 2044 Registered No. 430

FULL NAME OF CHILD Audrey Irene Renner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Renner	FULL MAIDEN NAME	Francis Wilson
RESIDENCE	Harpster	RESIDENCE	Harpster
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Missouri
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed Nov. 6 1913 Jesse L Rains Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

JUN 29 1942

593 - 229
025 - 962

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 17157

Primary Registration District No. 2044 Registered No. 431

FULL NAME OF CHILD Ella Margaret Vicory

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Oct 29 1913

FATHER		MOTHER	
FULL NAME	Herrick F Vicory	FULL MAIDEN NAME	Hattie M Rossiter
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G O Stratton
(Physician or midwife)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 6 1913 Jesse L Rains
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

294-2 28-025-753

Form V. S. No. 11-C-[redacted]

PLACE OF BIRTH

County of Idaho

City of Idaho Co

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 17158

Primary Registration District No. 2044 Registered No. 433

FULL NAME OF CHILD June Elizabeth Kidder

Sex of Child	Twin, triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Kidder	FULL MAIDEN NAME	Eva A Peterson
RESIDENCE	Idaho Co	RESIDENCE	Idaho Co
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

Filed Nov 6 1913 Jesse L Rains Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County [redacted]

DECEASED

235-118-025-854

Amended 4-27-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17159
Local Reg. No. 434
Reg. Dist. No. 10

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kooskia

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kooskia

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Melvin b. (Middle): Lewis c. (Last): Schlieper

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Sept. 18, 1913

FATHER OF CHILD

7. FULL NAME a. (First): William b. (Middle): c. (Last): Schlieper

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Maggie b. (Middle): c. (Last): Hemphill

13. AGE (At time of this birth): 18 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Verberkmoes

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kooskia, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Sept. 30, 1913

22. REGISTRAR'S SIGNATURE: J.M. Verberkmoes

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

...in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JAN 3 1 1966

Bureau of Vital Statistics

State of Idaho
County of Nez Perce } ss.

Certificate No. 17159

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Millon Lewis Schlieper (Name on Original Certificate) who was born (Was Born or Died) on Sept. 18, 1913 (Date of Event)
in Kooskia, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Diploma & Discharge (Bible Record, Insurance Policy, Etc.) prepared on May 2, 1929 & Sept 19, 1945 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Millon Lewis Schlieper	Melvin Lewis Schlieper

Subscribed and sworn to before me this 29th day of January, 1966

Notary Public, residing at Lewiston, Idaho
My commission expires May 7, 1966
(Seal)

Signed Melvin Lewis Schlieper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1602 7th Ave Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 1966

Notary Public, residing at Lewiston Idaho
My commission expires May 7, 1966
(Seal)

Signed Hope Schlieper
(Signature of Any Credible Person)

1602 - 7th Ave Lewiston Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1-19-66. one copy pd. rec. #4970.

Social Security Card, #518-18-8676, dated 4-26-39 gives full name as Melvin Lewis Schlieper - viewed by V.S.

State of Idaho, Elementary Public School Diploma, May 2, 1929 given at Grangeville, Idaho gives full name of student as Melvin Schlieper- viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF B[illegible]

STATE [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Charwater

745-228-025-845

No. ..... St.

Hospital .....

Registration District No. ~~[illegible]~~ 10

File No. 17160

Primary Registration District No. 2101

Registered No. ~~[illegible]~~ 435

FULL NAME OF CHILD Nora Thana Gunter

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Sept 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gunter	FULL MAIDEN NAME	Annie Hunter
RESIDENCE	Charwater Idaho	RESIDENCE	Charwater Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kwaskia Idaho

Filed Sept 30 1913 J. M. Verberkmoes Registrar

S-Y CO. 20174

K

[redacted]

[redacted]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249
02
PLACE

Form

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Idaho

City of Harrisburg

No. ....., ... St.

Hospital .....

Registration District No. [redacted] 10 File No. 17161

Primary Registration District No. 2101 Registered No. [redacted] 496

FULL NAME OF CHILD Rosa May

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	9 (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph A Burke	FULL MAIDEN NAME	Mary E Bundy
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Kansas
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hannah George

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Woodland Idaho

Filed Sept 30 1913 J. M. Verber Reuses Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

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AUG 0 6 1999

793-130-025-296

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2043~~ 10 File No. 17162

Primary Registration District No. ~~10~~ 2042 Registered No. 437

FULL NAME OF CHILD Franklin Othel Gill

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 30 - 1913

FATHER		MOTHER	
FULL NAME	John Franklin Gill	FULL MAIDEN NAME	Dora Ella Browning
RESIDENCE	Nezperce, Ida. (P.O.)	RESIDENCE	Nezperce, Ida. (P.O.)
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) John W. Turner

Physician (Physician or midwife)

Address Cottonwood, Idaho

Filed Oct 31 1913 Jesse E. Rains Registrar per Blake

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

254-126-025-547

Form V. S. No. 11-C-2[illegible]

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 17163

Primary Registration District No. ~~[illegible]~~ 2042 Registered No. 438

FULL NAME OF CHILD Richard August Seubert

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Oct. 26, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Seubert	FULL MAIDEN NAME	Mary Elizabeth Nuxoll
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

(Signature) J. W. Turner

Physician (Physician or midwife)

Address Cottonwood, Ida

Filed Oct 31 1913 Jesse L Ramo Registrar

per [illegible]

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

593-227-025-438

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand

Registration District No. ~~[illegible]~~ 10 File No. 17164

No. ....., ... St.

Primary Registration District No. ~~[illegible]~~ 242 Registered No. 439

Hospital .....

FULL NAME OF CHILD Lottie W. Nickel

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	one	Yes	Sept 27, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles W Nickel	FULL MAIDEN NAME	Lilliam McQueen
RESIDENCE	Ferdinand Ida	RESIDENCE	Ferdinand Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Phys (Physician or Midwife)

Given names added from a supplemental report

Address Cottonwood Idaho

....., 19.....

Filed Oct 4 1913 Jesse L Ramos Registrar

per Blake Sub Reg

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

OCT 15 1971

313 - 110 - 025 - 695

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~[illegible]~~ 10 File No. 17165

Primary Registration District No. ~~[illegible]~~ 2042 Registered No. 440

FULL NAME OF CHILD ZZ Richard Bernard Francis Tacke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton Tacke	FULL MAIDEN NAME	Cecilia Christina Wiesman
RESIDENCE	Cottonwood Ida.	RESIDENCE	Cottonwood Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Salem, So. Dak.	BIRTHPLACE	Mounster Texas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed Oct 15 1913 Jesse L. Ramos Registrar

per Blake Sabbag

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 1 1 1976

168-111
025-231

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital Home

Registration District No. ~~[illegible]~~ 10 File No. 17166

Primary Registration District No. ~~[illegible]~~ 7042 Registered No. 441

FULL NAME OF CHILD Franklin Delmont Johann

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Mathew Johann	FULL MAIDEN NAME	Rosebell Blackburn
RESIDENCE	Cul de sac Ida.	RESIDENCE	Cul de sac Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Genesee Ida.	BIRTHPLACE	Cottonwood Ida.
OCCUPATION	Harness Maker	OCCUPATION	House wife

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Ida.

Filed Oct 15 1913 Jesse L Rains Registrar
per [illegible] Sub Reg

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Jan. 9, 1941. E.W.

995-103
025-843

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... *St.*

Hospital Home

Registration District No. ~~2042~~ 10 **File No.** 17167

Primary Registration District No. ~~10~~ 2042 **Registered No.** 442

FULL NAME OF CHILD George Franklin Riener

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct. (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Riener	FULL MAIDEN NAME	Mary Hutfles
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9th. Number of children of this mother now living, including present birth 9th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cottonwood Ida.

Filed Oct 10 1913 Jesse L. Raine per Phyllis Sub Reg Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

681-204-014-363

Form V. S. No. [illegible]

PLACE OF BIRTH

[illegible] OF IDAHO
[illegible] VITAL STATISTICS
[illegible] CATE OF BIRTH

County of Canyon

City of Caldwell Rural -

Registration District No. 3

File No. 17168

No. ..... St.

Primary Registration District No. 2005

Registered No. 222

Hospital no

FULL NAME OF CHILD Dorris Loraine Whadford -

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fema.		Yes.	Nov. (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Bonnie M. Whadford	FULL MAIDEN NAME	Dora. M. Collins -
RESIDENCE	Greenleaf - Rural.	RESIDENCE	Greenleaf - Rural
COLOR	White. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	White - AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Colorado -
OCCUPATION	Farmer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell - Idaho.

Filed Nov. 5 - 1913 John S. Meyer Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1973

JAN 28 1954

464-129-014-952

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 3 File No. 17169

Primary Registration District No. 5 Registered No. 221

FULL NAME OF CHILD Not named Carl Robert

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	2nd	yes	Oct. (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm F. Momberg	FULL MAIDEN NAME	Agnes Zesch
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Germany	BIRTHPLACE	Mason Texas
OCCUPATION	Baker	OCCUPATION	Housekeeper

Number of child of this mother, including present birth Two Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 29" at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
Physician
(Physician or midwife)

Given names added from a supplemental report

Address Caldwell Ida.

_____ 19____

Filed Nov. 1 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-228
014-2846

PLACE OF BIRTH

Form V. S. No. 11-C—20

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Notus—

Registration District No. 3 File No. 17170

No. St.

Primary Registration District No. 2005 Registered No. 220

Hospital

FULL NAME OF CHILD Not named Ruth Rosalee Wilkerson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	single	7"	yes	Oct 28" 1913

FATHER

FULL NAME Horace B. Wilkerson

RESIDENCE Notus Idaho.

COLOR white AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Kentucky

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Amanda Shover

RESIDENCE Notus Idaho.

COLOR white AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE Mo.

OCCUPATION House keeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Oct. 28 1913, at 8. a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry
Physician

(Physician or midwife)

Address Notus Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 1st 1913

John S. Dwyer
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

SEP 1 9 1972

213-228-014-251

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 17171

No. ..... St.

Primary Registration District No. 2005 Registered No. 219

Hospital No.

FULL NAME OF CHILD Eleanor Louise Bales

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct - 28 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. P. Bales.	FULL MAIDEN NAME	Hulda Seale
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BH

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 31 - 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-16-12

DEC 17 1947

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

819 - 127-014-133

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 1772

Primary Registration District No. 2004 Registered No. 28

FULL NAME OF CHILD Eldon Arthur Harritt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Oct 27 1912

FATHER		MOTHER	
FULL NAME	George A. Harritt	FULL MAIDEN NAME	Gertrude Allen
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth: Eight

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith DO

Caldwell, Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov. 6 1913 John D. Meyer
Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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212-227-014-314

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 17173

Primary Registration District No. 2005 Registered No. 217

FULL NAME OF CHILD Martha Rebecca Bass

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes	Oct - 27 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. B. Bass.	FULL MAIDEN NAME	Gladys Campbell
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4-40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. M. Cole

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Oct. 27 1913 John J. Meyer Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-[illegible]-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 5 1942

DEC 11 1945

PLACE OF BIRTH

DEC 24 1969

312-224-014-113
Amended 3/11/69

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17174
Local Reg. No. 216
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Jean
b. (Middle): LaVonne
c. (Last): Cashman

4. SEX: female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) October (Day) 24 (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): D.
b. (Middle): H.
c. (Last): Cashman

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kansas
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Jackson

13. AGE (At time of this birth): 20 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Nebraska
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. M. Cole
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Caldwell, Idaho
20. DATE SIGNED: Oct. 27, 1913
21. DATE REC'D BY LOCAL REG.: Oct. 27, 1913
22. REGISTRAR'S SIGNATURE: John S. Meyer
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
Was 1% Silver Nitrate Used to prevent blindness?

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address e to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

3-10-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
MAR 10 1969
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 17174

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jean LaVonne Cashman (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 10 day of March, 1969.

Notary Public, residing at Eagle, Idaho
My commission expires Sept. 28, 1972
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own childs birth certificate on file with state of Idaho gives mother as Jean Lavonne Eashman, mother. Certificate # 226940. Child born Sept. 15, 1934. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-123-014-364

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Yes.

Registration District No. 3 File No. 17175

Primary Registration District No. 1005 Registered No. 219

FULL NAME OF CHILD Laurence Leslie Payne

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Oct. 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. R. Payne	FULL MAIDEN NAME	Lucy Compton
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Colo.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. M. Cole

BM

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 24 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-8-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OR

793-221-014-489

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-9-15-19

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 1717

Primary Registration District No. 2005 Registered No. 214

FULL NAME OF CHILD Ida Irene Gilbert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— and —	—	yes	Oct-21 1913

FATHER		MOTHER	
FULL NAME	C. H. Gilbert	FULL MAIDEN NAME	Hilga Byre
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	U. S.	BIRTHPLACE	Norway
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Ivy Cole M.D.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Oct. 24 1913 John L. Meyer
Registrar

.....
Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 6 1976

966-125-014-655

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 17178

Primary Registration District No. 2005 Registered No. 212

FULL NAME OF CHILD Lyle Sherman Root

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes.	Oct - 20 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. F. Root	FULL MAIDEN NAME	Florence Fenwick
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hr. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Caldwell

Filed Oct. 24 1913 John S. Meyer Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1960

MAY 1 1962

JUN 1 1 1951

485-215
914-719

PLACE O[illegible]

STATE OF IDAH[illegible]
BUREAU OF VITAL ST[illegible]

No. 11-C—20m-2-15-12

CERTIFICATE OF [illegible]

County of Ca[illegible]

City of Caldwell

Registration District No. 3 Fil[illegible] 17179

No. ..... St.

Primary Registration District No. 2005 Registered No. 211

Hospital No.

FULL NAME OF CHILD Velma Lorena ~~Myers~~ MYERS

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	F C ~~Myers~~ MYERS	FULL MAIDEN NAME	Myrtle Parris
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Ore.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 18 1913 John Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1943

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Walla Walla } ss.

Certificate No. 17179

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorene Meyers (Name on Original Certificate) who was born (Was Born or Died) on Oct. 15, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible records (Bible Record, Insurance Policy, Etc.) prepared on October 15, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Meyers	Myers
Name	Lorene	Velma Lorena Myers

Subscribed and sworn to before me this 2nd
day of April, 19 43

Notary Public, residing at Walla Walla

My commission expires January 5, 1947.
(Seal)

Signed Myrtle Myers.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 8 1949

294-215-014-261

PLACE OF BIRTH

[redacted] Form V. S. [redacted]

[redacted] STICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital yes.

Registration District No. 3 File No. 1718

Primary Registration District No. 2005 Registered No. 210

FULL NAME OF CHILD Still born

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	yes	Oct 13 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. L. Kimbrough	Lewis Swafford
RESIDENCE	New Meadows.	New Meadows
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	26
BIRTHPLACE	Texas.	Texas.
OCCUPATION	Bank Cashier	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dr. S. J. Miller

BH

(Physician or midwife)

Address Caldwell Ida

Filed Oct. 24 1913 John D. Meyer Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

249-213-014-466

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Yes.

Registration District No. 3 File No. 17181

Primary Registration District No. 2005 Registered No. 209

FULL NAME OF CHILD Elizabeth Sue Burkholder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. Burkholder	FULL MAIDEN NAME	Rebecca Moody.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kan.
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Oct. 18 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

239-203-014-693

PLACE OF BIRTH

[redacted]TE OF IDAHO
[redacted] of Vital Statistics
[redacted]CATE OF BIRTH

For [redacted]

County of Canyon

City of Caldwell

Registration District No. 3

File No. 17182

No. ....., ... St.

Primary Registration District No. 2005

Registered No. 208

Hospital .....

FULL NAME OF CHILD Dora Marena Kline

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		yes	Oct 3, 1913

FATHER		MOTHER	
FULL NAME	Harold Leith Kline	FULL MAIDEN NAME	Glenna Margaret Williams
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kirk Colorado	BIRTHPLACE	Marion Ohio
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth first

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Smith D.O.

Caldwell Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 13th 1913 John S. Meyer
Registrar

S-Y CO., 16670

MA[redacted]VED FOR [redacted]NDING

WRITE PLAINLY. W[redacted] INK—THIS IS A PERMANENT RECO[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 17 1970

413-230-014-813

PLACE OF BIRTH

[redacted] S. No. 1[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 17183

No. ..... St.

Primary Registration District No. 2005

Registered No. 207

Hospital .....

FULL NAME OF CHILD Mary Mathews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		yes	Aug 30 1913

FATHER		MOTHER	
FULL NAME	Elmer E Mathews	FULL MAIDEN NAME	Mary E Halford
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed Oct. 18 1913 John J. Meyer Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-C—Rev. 5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

958-213
034-962

PLACE OF BIRTH

Minidoka

City of Rupert

Registration District No. 19

File No. 17184

No. ..... St.

Primary Registration District No. .....

Registered No. 33

Hospital .....

FULL NAME OF CHILD Elizabeth M. Reynolds

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Herbert B Reynolds	FULL MAIDEN NAME	Myrtle A Robberts
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ills	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert

Filed Oct. 14 1913 C H Scott Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20th-2-15-15

[redacted]

PLACE OF BIRTH

Copy of

437-121-034-397

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 17185

Primary Registration District No. .....

Registered No. 92

FULL NAME OF CHILD Ralph T McGuaire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 21 1913

FATHER		MOTHER	
FULL NAME	William M Guaire	FULL MAIDEN NAME	Mary A Lippe
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	W. Va.	BIRTHPLACE	Neb
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Scott

Physician (Physician or midwife)

Address Rupert

Filed Oct 22 1913 O. H. Scott Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 25 19

134-221-034-751

PLACE OF BIRTH

Form V. [illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. _____ File No. 17186

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 31

Hospital _____

FULL NAME OF CHILD Alice Acuff

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	10 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wesley Acuff	FULL MAIDEN NAME	Mona Pease
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Rupert Ida

Filed Oct 28 1913 O Hobert M D Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

SEP 22 1953

OCT 1 1975

296-126-034-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

No. ....., ... St.

Hospital .....

Registration District No. .....

File No. 17187

Primary Registration District No. .....

Registered No. 29

FULL NAME OF CHILD Benjamin Harmon Brown

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	10 (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Amon B. Brown	FULL MAIDEN NAME	Mora McManis
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Utah
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Rupert Ida

Filed Oct 28 1913 O H Scott M D

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

DUP OF 1913 - 30454

592-108-034-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ....., ... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 17188

Primary Registration District No. ..... Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Oct 8 1913

FATHER		MOTHER	
FULL NAME	Charles Nisson	FULL MAIDEN NAME	Nellie Jordan
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 ..... Number of children, of this mother, now living, including present birth 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Rupert

Filed Oct 10 1913 C H Scott Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

122-104-037-314

PLACE OF BIRTH

STATE O[redacted]
BUREAU OF VI[redacted]

CERTIFICATE OF BIRTH

17169

County of Owyhee

City of Silver

Registration District No. 43 File No.

No. St.

Primary Registration District No. 2120 Registered No. 2

Hospital

FULL NAME OF CHILD Francisco Assagarca

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	October 4, 1913

FATHER	MOTHER
FULL NAME: Pedro Assagarca	FULL MAIDEN NAME: Angeles Camponina
RESIDENCE: Near Silver City	RESIDENCE: Near Silver City, Owyhee Co.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Bilboa, Spain (Basque)	BIRTHPLACE: Near Bilboa, Spain (Basque)
OCCUPATION: Wood contractor & cutter	OCCUPATION: Cook

Number of child of this mother, including present birth: 2nd. Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) N. H. Schuyler M.D.
(Physician or midwife)

Address Silver City, Idaho

Filed October 5 1913 N. H. Schuyler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

[redacted]

PLACE OF BIRTH

CERTIFICATE OF BIRTH

238-213-037-000

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. ..... St.

Hospital .....

Registration District No. 43 File No. 17190

Primary Registration District No. 2120 Registered No. 3

FULL NAME OF CHILD Schleifer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fritz Schleifer	FULL MAIDEN NAME	
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	(Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Germany.
OCCUPATION	Brewer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

Physician & Surgeon (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Silver City, Idaho

Filed October 14, 1913 W. H. Schuyler, M.D. Registrar

S-Y CO. 20174

MARGIN [illegible] FOR BINDING

WRITE PLAINLY, WITH UN[illegible]

N. B. In case of more than one child [illegible] of each, in order of birth stated.

APR 1 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Latah — CERTIFICATE OF BIR[redacted] — 17191

City of Moscow — Registration District No. 61

294-214 No. 029-599 St. — Primary Registration District No. 1011 — Registered No. 260

Hospital Leland Ensign

FULL NAME OF CHILD Florence Simpson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes.	Oct. 14" 1913

FATHER	MOTHER
FULL NAME Harrison H. Simpson	FULL MAIDEN NAME Florence Priebe
RESIDENCE Moscow, Idaho.	RESIDENCE Moscow, Id.
COLOR White — AGE AT LAST BIRTHDAY 30 (Years)	COLOR White — AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Illinois	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10, A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers

Moscow, Idaho (Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 26 1913 D. H. Lee Registrar

S-Y CO. 20174

PLACE OF BIRTH

JUL 23 1970

392-111-029-243

PLACE OF BIRTH

BUREAU [redacted]

County of Latah

City of Moscow

Registration District No. 61 [redacted] 17192

No. ..... St.

Primary Registration District No. 1011 Registered No. 261

Hospital Inland Empire

FULL NAME OF CHILD John Tipton Fishburn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Oct. (Month) 11" (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Proctor Fishburn	FULL MAIDEN NAME	Frances Amanda Butterfield
RESIDENCE	Moscow, Idaho.	RESIDENCE	Moscow, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wisconsin.
OCCUPATION	Chemist	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow, Idaho.

Filed Oct 26 1913 D. F. Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12

PLACE OF BIRTH

168-124-829-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17193

Primary Registration District No. 2141 Registered No. 359

FULL NAME OF CHILD Ralph Donald Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	9 24 1913

FATHER		MOTHER	
FULL NAME	Carl Johnson	FULL MAIDEN NAME	Anna Carlson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	W	COLOR	W
	Light		Blond
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Machinist	OCCUPATION	H. W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asbury M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow

Filed Oct 12 19 3 D. F. Rae
Registrar

8-Y CO. 20174

Form V. S. No. 11-C—Rev. 6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

NOV 19 1964

JUL 1942

JUL 6 1942

JUL 29 1944

356-108-029-469

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 62

Primary Registration District No. 2142

File No. 17194

Registered No. 15

FULL NAME OF CHILD Perry Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 8 1913

FATHER		MOTHER	
FULL NAME	Harvey Lewis	FULL MAIDEN NAME	Morford
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Perry M.D.

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-13 1913 W. H. Ehene Registrar

Registrar

*S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 5 1962

299-206-029-296

Form V.S. [illegible]

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 17195

Primary Registration District No. 2142 Registered No. 14

FULL NAME OF CHILD Esther Mary Kries

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct. (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Kries	FULL MAIDEN NAME	Margaret Broemmeling
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10-13 1913 W. H. Chew Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Date Entered

749-102-014-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Payette

No. 1124 Center Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 4

Primary Registration District No. 1008

File No. 17196

Registered No. 272

FULL NAME OF CHILD Marcus J. Purcell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 2, 1913

FATHER

FULL NAME R. P. Purcell

RESIDENCE Two miles East of Payette

COLOR White

AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Kansas

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Dora Fast

RESIDENCE with husband

COLOR White

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician
(Physician or midwife)

Address Payette Idaho

Filed Oct 2, 1913 J. C. Woodward
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 12 1945

128-229-014-954

PLACE OF BIRTH

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 17197

Primary Registration District No. 1008 Registered No. 273

FULL NAME OF CHILD Alice Elizabeth Ashlock

Sex of Child: female	Twin Triplet or other? one and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Sept (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm P Ashlock	FULL MAIDEN NAME	Viola R Inman
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Madison Kan	BIRTHPLACE	Monsouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Barton [illegible]

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 4 1913 J C Woodward
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 2 19[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

513-108-014-367

Registration District No. 4

File No. 17198

No.

Primary Registration District No. 1008

Registered No. 274

Hospital

FULL NAME OF CHILD Chester Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Oct. 8 1913

FATHER	MOTHER
FULL NAME: Lafayette T Eaton	FULL MAIDEN NAME: Minnie Cox.
RESIDENCE: Payette Ida	RESIDENCE: Payetfe Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Iowa
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys (Physician or midwife)

Address Payette, Ida.

Filed Oct. 9 1913. J R Woodward Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

6/23, 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

699-109-014-25-1

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 17199

Primary Registration District No. 1008 Registered No. 276

James F. Orr

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct. 9, 1913

FATHER		MOTHER	
FULL NAME	James F. Orr	FULL MAIDEN NAME	Anna Beatty
RESIDENCE	Payette, Ida	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Minn.
OCCUPATION	Electrician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys
(Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 9th, 1913. [signature]
Registrar

..... Registrar

R-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 8

Form V. S. No. 11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Hanna

No. 861-214-014-154, St.

Registration District No. 4 File No. 17200

Primary Registration District No. 1008 Registered No. 276

Hospital

FULL NAME OF CHILD Sarah Elizabeth Hoagland

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl		yes	Sept 14 191 (Month) (Day) (Ye

FATHER		MOTHER	
FULL NAME	James T. Hoagland	FULL MAIDEN NAME	Mary B. Andrus
RESIDENCE	Hanna	RESIDENCE	Hanna
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Salt Lake City Utah.	BIRTHPLACE	Murray Utah.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4 Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah E Hoagland
Midwife
(Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address

Filed Oct 10 1913 J C Woodward
Registrar

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING ... ENT RECO...

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 4 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

...OF BIRTH

...nyon.

City of Payette. Registration District No. 4. File No. 1201

No. 165-111-014-546 St. Primary Registration District No. 1008. Registered No. 277

Hospital ... Galen Edwards Jones

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (D...)
Male		Yes	Oct. 11, 19...

FATHER		MOTHER	
FULL NAME	Oliver L. Jones	FULL MAIDEN NAME	Clara Edwards
RESIDENCE	Payette, Idaho.	RESIDENCE	Payette, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26.
BIRTHPLACE	Denver, Colorado.	COLOR	White
OCCUPATION	Plumber	AGE AT LAST BIRTHDAY (Years)	25.
		BIRTHPLACE	Payette, Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.00p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed Oct. 13 19 13 J. C. Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S.

STATE OF IDAHO

CERTIFICATE OF BIRTH

City of Payette

No. 717 Seventh Ave N St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 17202

Registered No. 278

FULL NAME OF CHILD Unnamed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 11 19 (Month) (Day)

FATHER		MOTHER	
FULL NAME	August Senkbeil	FULL MAIDEN NAME	Clara Huschke
RESIDENCE	Six miles west of Payette	RESIDENCE	Six miles west of Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Payette Idaho.

Filed Oct. 13 1913 J. C. Woodward Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Bramwell

No. 133-101-014-553 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4

File No. 17203

Primary Registration District No. 1008

Registered No. 279

FULL NAME OF CHILD Orville P. Allen

Sex of Child: Boy	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of birth: Oct 1 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Joseph F Allen	FULL MAIDEN NAME: Ella Nelson
RESIDENCE: Bramwell	RESIDENCE: Bramwell
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Franklin Idaho	BIRTHPLACE: Smithfield Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland

Midwife (Physician or Midwife)

Given name added from a supplemental report

Address Walk [illegible]

Filed Oct. 13 1913 J C Goodward Registrar

..... 19.....

..... Registrar

S-Y CO., 16669

K

STATE OF IDAHO

CERTIFICATE OF DEATH

PLACE OF DEATH

Beneficial Life Insurance Co. statement regarding records gives name as Orville P. Allen, Dated July 29, 1953. Viewed by Vs.
Social Security card gives name as Orville P. Allen #519-42-4957. Viewed by VS,

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF IDAHO

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17203

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on October 1, 1913 (Date of Event)
in Bramwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Orville P. Allen

Subscribed and sworn to before me this 29th day of March, 19 61

E. E. McNaught
Notary Public, residing at Nampa, Idaho
My commission expires .....
(Seal) My Commission Expires, April 7, 1964

Signed Joseph F. Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 4 Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

MAR 30 1961

749-122-014-749

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 17204

Primary Registration District No. 1008 Registered No. 280

FULL NAME OF CHILD ~~[illegible]~~ HERBERT FRANK PURCELL

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	one	2	Yes	Oct 22 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Purcell	FULL MAIDEN NAME	Flora Purcell
RESIDENCE	Payette	RESIDENCE	Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Woodbine Iowa	BIRTHPLACE	Woodbine Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 29 a.m. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

Address Payette Ida

Filed Oct 30 1913 J. C. Woodward Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 28 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Clara }

Certificate No. 17204

Date Filed Mar 24 1945

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Herbert Frank Purcell (Name on Original Certificate) who born (Was Born or Died) on October 22 1913 (Date of Event)
in Payette Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on October 22 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not named	Herbert Frank Purcell
Herbert Frank Purcell		

Subscribed and sworn to before me this 24th
day of March, 1945

Notary Public, residing at Palo Alto Calif

My commission expires Dec. 3, 1945
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

569 Addison Ave. Palo Alto, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of March, 1945

Notary Public, residing at Palo Alto, Calif

My commission expires Dec. 3, 1945
(Seal)

Signed Mrs. F. H. Purcell
(Signature of Any Credible Person Other Than Previous Year)

Palo Alto, Calif. 569 Addison Ave
(Street Address, City, State)

MAR 30 1945

794-211-034-713

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BI[illegible]

[illegible]ty of Minidoka

City of

No. , St.

Hospital

Registration District No. 18

File No. 17205

Primary Registration District No. 2102

Reg[illegible] 9

FULL NAME OF CHILD Gruwell

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Female		Yes	10 11 3

FATHER		MOTHER	
FULL NAME	P. F. Gruwell	FULL MAIDEN NAME	Nettie Patterson
RESIDENCE	Heyburn	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	N. Carolina
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Patterson

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Oct 30 1913 [illegible]

Registrar

Registrar

S-Y CO., 16670

MARG[illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 17 1967

168-109-034-942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 17206

Primary Registration District No. 2102 Registered No. 6

FULL NAME OF CHILD Ref B. Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	9 9 1913

FATHER		MOTHER	
FULL NAME	R B Johnson	FULL MAIDEN NAME	Helen Russel
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V R Killen

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Sept 25 1913

V R Killen Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

251-109-034-263

PLACE OF BIRTH

Form V. S. No. 11-C—20m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... *St.*

Hospital .....

Registration District No. 18 **File No.** 17207

Primary Registration District No. 2102 **Registered No.** 8

FULL NAME OF CHILD Hylak V. Beaver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	9 (Month) - 9 (Day) 191[illegible] (Year)

FATHER		MOTHER	
FULL NAME	J. J. V. Beaver	FULL MAIDEN NAME	Sarah Bole
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Bohemia	BIRTHPLACE	Canada.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. L. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley, Idaho.

Filed Sept. 30 1913 V. R. Killen
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.....

Registered No.....

PLACE OF BIRTH

County of.....

City of.....

N

CERTIFICATE OF BIRTH

Registration District No.....

Reg Registration District No.....

...

...

...

261-209-034-143

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Minidoka

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 17208

Primary Registration District No. 2102 Registered No. 7

FULL NAME OF CHILD Helen Swanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	9 9 1913

FATHER		MOTHER	
FULL NAME	Chas Swanson	FULL MAIDEN NAME	Annie Julin
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Sept. 25 1913 V. R. Killen Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

863-107-034-209

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 18 File No. 17209

Primary Registration District No. 2102 Registered No. 10

FULL NAME OF CHILD Earl E. Hollenbeck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 7 1913

FATHER

FULL NAME W. F. Hollenbeck

RESIDENCE Heyburn.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Genieve Kerr

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. F. Killen M. D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov. 9 1913

V. F. Killen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 6 1970

c.c. 6/5/41. w.h.

863-203-034-315

Amended 4-2-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17210
Local Reg. No. 11
Reg. Dist. No. 18

1. PLACE OF BIRTH
a. COUNTY: Minidoka
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heyburn
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Heyburn
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Leah
b. (Middle):
c. (Last): Hollingworth

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN X TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st 1 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): October 3, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Horace
b. (Middle):
c. (Last): Hollingworth

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): England

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Camilla
b. (Middle):
c. (Last): Lane

13. AGE (At time of this birth): 34 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: V. R. Killen, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Nov. 9, 1913

22. REGISTRAR'S SIGNATURE: V R. Killen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 8 1965 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 17210

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hollingsworth (Female child) (Name on Original Certificate) who was born (Was Born or Died) on October 1, 1913 (Date of Event) in Heyburn, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on January 28, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Has been omitted	Leah Hollingworth
Child's Date of Birth	October 1, 1913	October 3, 1913
Father's Full Name	Horace Hollingsworth	Horace Hollingworth

Subscribed and sworn to before me this 5th day of February, 1965

Signed E. N. Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Twin Falls, Idaho
My commission expires My Commission Expires January 1, 1968
(Seal)

Wendell Ave. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of February, 1965

Signed L. V. Groves
(Signature of Any Credible Person)

Notary Public, residing at Twin Falls, Idaho
My commission expires My Commission Expires January 1, 1968
(Seal)

481 N. Madrona. Twin Falls, Idaho
(Street Address, City, State)

FORM DH 80-155

one copy pd. rec. #64-7456.

L.D.S. Church Cert. of Birth, dup. copy of orr, entered on record Nov. 9, 1913 gives full name as Leah Hollingworth, born Oct. 3, 1913 at Heyburn, Idaho to Horace Hollingworth and Camelia Lane - viewed by V.S.

Obituary Notice of Father's Death, 1957, gives full name as Horace Hollingworth - died in Salt Lake City, Utah - viewed by V.S.

Hospital Birth Certificate, Twin Falls County General Hospital, Twin Falls, Idaho gives full name of child as Lane Hollingworth Groves, born Sunday, July 20, 1941 at 5:25 P.M. gives full name of parents as Lawrence Victor Groves and full maiden name of mother as Leah Hollingworth - viewed by V.S.

863-202-034-316

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. II-C—15m-6-20-13

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of ____

Registration District No. 18

File No. 17211

No. ____, ____ St.

Primary Registration District No. 2102

Registered No. 12

Hospital ____

FULL NAME OF CHILD Hollingsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	Yes	Oct. 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Horace Hollingsworth	Camilla Lane
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	England	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Tillery M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Filed Nov. 9 1913 V. R. Tillery

Registrar

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

TWIN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STA[illegible]

CERTIFICATE OF BIRTH

City of Neyperce

128-129

No. 031-676 St.

Registration District No. _____ File No. 17212

Primary Registration District No. _____ Registered No. 32

Hospital _____

FULL NAME OF CHILD J. Lowry Ashley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 - 24 1913

FATHER		MOTHER	
FULL NAME	J. Francis Ashley	FULL MAIDEN NAME	Mary A. Ogden
RESIDENCE	Neyperce	RESIDENCE	Neyperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Vermillion Co. Indiana	BIRTHPLACE	Missouri
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Kelly

Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Neyperce Ida

Filed Nov 5 1913 H M Jones
Registrar

S-Y CO. 20174

[redacted]

SEP 17 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

212-126 031-235 Registration District No. 47 File No. 17213

No. ....., ... St.

Hospital ..... Primary Registration District No. 2124 Registered No. 34

FULL NAME OF CHILD Henry Geo. ~~Boocheeex~~ Baker

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	10 26 1913

FATHER		MOTHER	
FULL NAME	Henry Bocher Baker	FULL MAIDEN NAME	Mary Steinach
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 51 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 4— (Years)
BIRTHPLACE	Ger	BIRTHPLACE	Switzerland
OCCUPATION	Farm	OCCUPATION	Hm

Number of child of this mother, including present birth 1— Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 6 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffrey

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed Nov 5 1913 H M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

ATE OF IDAHO

Bu[illegible] of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Marion } ss.

Certificate No. 17213

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henry George Backer (Name on Original Certificate) who born (Was Born or Died) on October 26, 1913 (Date of Event)
in Nezperce, Idaho, (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by too many named Backer- (Bible Record, Insurance Policy, Etc.) prepared on about 1915 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Henry George Bacher	Henry George Baker
father's name	Henry Bacher	Henry Baker

Subscribed and sworn to before me this 3rd, day of March, 1942

Nicholas M. Landry

Notary Public, residing at Mt. Angel, Oregon

My commission expires September 29th, 1942 (Seal)

Signed Mary Baker.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mt. Angel, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Marion } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd. day of March, 1942

Nicholas M. Landry

Notary Public, residing at Mt. Angel, Oregon

My commission expires September 29, 1942 (Seal)

Signed Mary B. Landry
(Signature of Any Credible Person Other Than Previous Year)

Mt. Angel, Oregon
(Street Address, City, State)

MAR 1 1 1942

APR 1 1942

419-128
031-255

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-2-7-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 17214

Primary Registration District No. 2124 Registered No. 35

FULL NAME OF CHILD Percifer Omer Marshall

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		Yes	10 25 1913

FATHER		MOTHER	
FULL NAME	Omer D. Marshall	FULL MAIDEN NAME	Ella Brenden
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Hm

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce

Filed Nov 6 1913 D M Jones

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17828

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEC 10 1941

NOV 8 1962

NOV 16 2007

331-224-031-252

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Russel

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. 17215

Primary Registration District No. 2124 Registered No. 36

FULL NAME OF CHILD Mildred Louise Clarke

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	10 24 1913

FATHER		MOTHER	
FULL NAME	Josh. C. Clark	FULL MAIDEN NAME	Mary Sebers
RESIDENCE	Russel	RESIDENCE	Russel
COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Ok.	BIRTHPLACE	Ill
OCCUPATION	Farm	OCCUPATION	Hse

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 3:50 - 9 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nezpiu

Filed Nov 6 1913 S T M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAR 25 1970

STATE OF IDAHO

795-704
031-963

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Teton

City of Nezperce

No. ....., ... St.

Registration District No. .....

File No. 17216

Hospital .....

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Samuel Gibbons

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Y	10 4 1913

FATHER		MOTHER	
FULL NAME	M. J. Gibbons	FULL MAIDEN NAME	Ella F. Rochow
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nev	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Hm

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 11 30 P.M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed Nov 1 1913 H M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C--10m-8-7-42

STATE OF IDAHO

CERTIFICATE OF BIRTH

AUG 5 1942

356-216-031-319

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
U OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47 File No. 17217

No. ..... St.

Primary Registration District No. 2174 Registered No. 32

Hospital .....

FULL NAME OF CHILD Anna Lynnette Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John H. Lewis	FULL MAIDEN NAME	Dora B. Laird
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Kelly
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce

Filed Nov 5 1913 H M Jones
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 21 1951

962-220
996-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17218

County of Bingham

City of Shelley

Registration District No. 67 File No.

No. St.

Primary Registration District No. 2147 Registered No. 200

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	10 — 22 — 1913

FATHER	MOTHER
FULL NAME J. G. Robinson	FULL MAIDEN NAME Lottie Shelley
RESIDENCE Shelley	RESIDENCE Shelley
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Clerk	OCCUPATION H. K.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5-P M. on the date above stated.

(Signature) Edwin Cutler M.D

(Physician or mid-wife)

Address Shelley

Filed 11—1 1913 Edwin Cutler M.D

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

Form V. S. No. 11-G-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH

Amended 11-7-56

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. [redacted]

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

635-129-086-553 No. ____ St.

Registration District No. 69

File No. 17[redacted]

Primary Registration District No. 2147

Registered No. [redacted]

Hospital ____

FULL NAME OF CHILD Leo Gean Oler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	10-29-1935

FATHER		MOTHER	
FULL NAME	Oscar Oler	FULL MAIDEN NAME	Rue Nelson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler, M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-1, 1935 Edwin Cutler, M.D.

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17219

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on 10-29-13 (Date of Event)
in Shelley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Dec. 3, 1922 (Give Date), are:
Certificate of Ordination Feb. 21, 1937

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Leo Dean Oler

Subscribed and sworn to before me this 5th day of November 1956

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1959
(Seal)

Signed Olive N. Oler (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of November 1956

Notary Public, residing at Shelley, Idaho
My commission expires June 16, 1959.
(Seal)

Signed Oscar Oler (father)
(Signature of Any Credible Person)

Shelley, Idaho
(Street Address, City, State)

FORM DPH 55. 155

Typed

NOV 8 1956
JAN 26 1970

485-225-006-396

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 69

File No. 17220

Primary Registration District No. 2147

Registered No. 203

FULL NAME OF CHILD _____

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Oct 2 1913 (Month) (Day) (Year)

FATHER

FULL NAME W. E. Lays

RESIDENCE Firth

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME S. E. Croft

RESIDENCE Firth

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

M.D.

(Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 11-1 1913 Edwin Cutler Reg. D.

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 18 1969

763-230-006-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Firth

No. _____ St.

Hospital _____

Registration District No. 69

Primary Registration District No. 2147

File No. 17222

Registered No. 205

FULL NAME OF CHILD _____

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Oct (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. A. Jolley	FULL MAIDEN NAME	Hannah E Butler
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

midwife (Physician or midwife)

Given names added from a supplemental report.

Address Shelley Ida

_____ 19__

Filed 11-1 1913 Edwin Cutler M.D. Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

347-210-006-231

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17223

County of Bingham

City of Shelley

Registration District No. 69

File No.

No. St.

Primary Registration District No. 2147

Registered No. 206

Hospital

FULL NAME OF CHILD Rachel Lenella Peeples

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Oct 10 1913

FATHER		MOTHER	
FULL NAME	John Peeples	FULL MAIDEN NAME	Rena Bladl
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Born alive (Born alive or stillborn) at 1309 M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts

(Physician or midwife)

Given names added from a supplemental report.

19

Address Shelley Ida

Filed Nov. 11 1913

E. Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 0 1942

331-206-006-644

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17224

Primary Registration District No. 2147 Registered No. 207

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct. 6 1913

FATHER		MOTHER	
FULL NAME	John T. Clark	FULL MAIDEN NAME	Mary Ann Fielding
RESIDENCE	Shelley Ida	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Ida

Filed 11 — 1913 Edward Cutler M.D.

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1974

168-227-006-414 Child's name, Mother's name and DOB amended 9-8-89 MCM

Form V. S. No. 11-C—Rev. 1-1-39

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17225

Primary Registration District No. 2147 Registered No. 209

FULL NAME OF CHILD SHIRLEY LOUISE JOHNSON

Sex of Child Girl | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Johnson	FULL MAIDEN NAME	Henrietta Madsen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Wisk	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	18
		BIRTHPLACE	Wisk
		OCCUPATION	Home Maker

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Shelley Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-1 1913 Edwin Cutler Jr. Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 14 1975

RECEIVED

AUG 30 1989

VITAL STATISTICS UNIT

8-17-89

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bonneville } ss.

Certificate No. 17225
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Johnson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Oct 27, 1913 (Date of Event)

in Shelley (Bingham) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Johnson	Shirley Louise Johnson
Date of Birth	Oct 27, 1913	Oct 26, 1913
Mother's name	Henretta Madison	Henrietta Madsen

Subscribed and sworn to before me this 23rd day of August, 19 89

X Notary Public, [signature]

Residing at Idaho Falls, ID

My commission expires 9-27-94

(Seal)

X Shirley Louise Johnson Mitchell
Signature of Applicant

X 335 E Rawson Idaho Falls, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of August, 19 89

Notary Public, [signature]

Residing at Idaho Falls, ID

My commission expires 9-27-94

(Seal)

Barbara Farmer
Supporting Signature

1030 Westview Idaho Falls, Id
Street Address, City, State

83404

Letter from Bishop Gerald E Mortimer dated Aug 6, 1989 shows Shirley Louise Johnson born Oct 26, 1913 in Shelley to LeRoy Johnson & Henrieta Madson and blessed in the LDS church Dec 7, 1913. Viewed by VS.

SEP 8 1989

Pg 184 from the Book Abiah Wadsworth: His Wives & Family 1810 to 1979 and written in 1979 shows Shirley Louise Johnson born Oct 26, 1913 in Shelley to LeRoy Johnson and Krista Henrieta Madsen. Viewed by VS.

LDS baptism certificate shows Shirley Louise Johnson born Oct 26, 1913 in Shelley to LeRoy Johnson & Henrietta Madson and baptized Aug 4, 1923 by Isaaneth Pacher. Viewed by VS.

LDS Patriarchal Blessing shows Henrietta Krista Madsen Johnson born Mar 2, 1895 in Koosharme, UT to Sarah Ablertina Bolander and Niels Peter Madsen and blessed Nov 14, 1929. Viewed by VS.

355-219-000-192

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Amended 4/1/75

Registration District No. 69

File No. 17226

No. _____ St.

Primary Registration District No. 2147

Registered No. 318

Hospital _____

FULL NAME OF CHILD Marguerite Theoria Lees

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James C Lees	FULL MAIDEN NAME	Mary Aikins
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	56 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Pen.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 10 20 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Roberts

(Physician or midwife)

Given names added from a supplemental report.

Address Shelley Ida

.....19.....

Filed 11-1 1913 Edwin Cutler Mt

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 1 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

VITAL

MAR 10 11 04 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 17226

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Lees (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 19, 1913 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marguerite Theoria Lees
sex of child	male	female

Subscribed and sworn to before me this 4 day of January, 1975.

Kenneth Fiore

Notary Public, residing at Lyman Wyo 82937

My commission expires .....

(Seal)

Signed X Mary L. McCarroll

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 11/19/74

Own child's birth certificate from Utah (hospital record gives name as Paula Ann Bare born 4/15/42 & father's name as Paul Bare and the mother's name as Marguerite Theora Lees. viewed by V. S.

APR 1 1975

Diploma from Holy Rosary School from Idaho ~~gives~~ Idaho Falls gives name as Marguerite T. Lees. dated May 24, 1929. viewed by V. S.

MAY 9 1975

Notification of Birth registration from Utah gives name as David Eugene Booth born March 21, 1935 at Bingham, Utah. father's name given as David Earl Booth and the mother's name as Marguerite Theoria Lees. viewed by V. S.

814-106-006-369

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Woodville

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17227

Primary Registration District No. 2147 Registered No. 211

FULL NAME OF CHILD Wayne Austin Hammer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Oct 6 1913

FATHER		MOTHER	
FULL NAME	Geo. R. Hammer	FULL MAIDEN NAME	Eleanor Tompson
RESIDENCE	Woodville Ida	RESIDENCE	Woodville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts

(Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report.

_____ 19__

Filed 4-1 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 0 1944

386-2K
010-

Form V. S. No. 11-C—25m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of [redacted]

City of Taylor

No. ..... St.

Hospital .....

Registration District No. 69 File No. 17228

Primary Registration District No. 2147 Registered No. 202

FULL NAME OF CHILD Died with out name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Female		yes	Oct

FATHER		MOTHER	
FULL NAME	W. O. Thomas	FULL MAIDEN NAME	Amelia Lewis
RESIDENCE	Taylor	RESIDENCE	Taylor
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 1 at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm C. Thomas

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Taylor Idaho

Filed 11-1 1913 Edwin Cutler M.D.

Registrar Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

559-209
002-9

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Shelley

Registration District No. 69 File No.

No. St.

Primary Registration District No. 2147 Registered

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	9 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. N. Wilson	Josefina Olsen
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	65	32
BIRTHPLACE	Norway	Norway
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 10—1 1913 Edwin Cutler M.D.
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. N. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF

635-10-006-553

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69 File No. 17230

No. ..... St.

Primary Registration District No. 2147 Registered No. 124

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
M.			yes	9 — 10

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Cutler	Annie Nielsen
RESIDENCE	Shelley	Shelley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 10 — 1 1913 Edwin Cutler M.D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-Q—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

394-214-206-393.

PLACE OF BIRTH

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

Registration District No. 69 File No. 17231

No. ..... St.

Primary Registration District No. 2147 Registered No. 129

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	9 — 14 — 1913

FATHER		MOTHER	
FULL NAME	John W. Lamb	FULL MAIDEN NAME	Alice Littlefield
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 10 — 1 — 1913. Edwin Cutler M.D.

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.....

PLACE OF BIRTH

County of.....

818-222-006-897

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—[illegible]

Registration District No. E 9 File No. 17232

Primary Registration District No. 2147 Registered No. 194

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	9 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Dawson Haycock	FULL MAIDEN NAME	Olive Higley
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 1 *Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 10—1 1913 Edwin Cutler M. D.

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

293-119-006-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Jorkam

Registration District No. 69 File No. 17233

No. ..... St.

Primary Registration District No. 2147 Registered No. 193

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	7 — 18 — 191 3

FATHER		MOTHER	
FULL NAME	Delos Kellam	FULL MAIDEN NAME	Cora Thorne
RESIDENCE	Jorkam	RESIDENCE	Jorkam
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

Filed 10 — 1 1913 Edwin Cutler M.D.

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 1-C—Rev-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

864-217-006-693

Form V. R. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17234

County of Bingham

City of Goshan

Registration District No. 69 File No.

No. St.

Primary Registration District No. 2147 Registered No. 197

Hospital

FULL NAME OF CHILD Veola Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	9 (Month) – 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Roy J. Young	FULL MAIDEN NAME	Elizabeth Wilcox
RESIDENCE	Goshan	RESIDENCE	Goshan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheepman	OCCUPATION	H. K.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Shelley

Filed 10 – 1 1913 Edwin Cutler M.D.

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 1974

Amended 5-25-61

PLACE OF BIRTH

819-101-006-316

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17235

Primary Registration District No. 2147 Registered No. 198

FULL NAME OF CHILD Norman Harker

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.				Yes	Sept. 1, [redacted]

What bacteriolidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Amos Harker	FULL MAIDEN NAME: Hazel Lawson
RESIDENCE: Shelley	RESIDENCE: Shelley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

(Signature) Edwin Cutler, M.D.

Physician (Physician or midwife)

Address Shelley

Filed 10-1-1913 [redacted] Edwin Cutler, M.D.
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville }

Certificate No. 17235

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Harker (Name on Original Certificate) who was born (Was Born or Died) on Sept. 1, 1913 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1922 and 12-6-25 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Norman Harker
Mother's Maiden Name	Hazel Larson	Hazel Lawson

Subscribed and sworn to before me this 19th day of May, 19 61

Notary Public, residing at Idaho Falls, Idaho

My commission expires 12-1-64

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R#3 Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of May, 19 61

Notary Public, residing at Idaho Falls, Idaho

My commission expires 12-1-64

(Seal)

Signed Pauline B. Sterling
(Signature of Any Credible Person)

Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60.155

CL 4-27-61. one copy pd. receipt #15286.

L.D.S. Church Certificate of Baptism and Confirmation, June 4, 1922 gives full name of child as Norman Harker, born Sept. 1, 1913 at Jamestown, Idaho to Amos Harker and Hazel A. Lawson - viewed by V.S.

L.D.S. Church Certificate of Ordination, ordained to the office of Deacon, Dec. 6, 1925 gives full name as Norman Harker, born Sept. 1, 1913 at Jamestown, Idaho to Amos Harker and Hazel A. Lawson - viewed by V.S.

619-102-006-396

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17237

Primary Registration District No. 2147 Registered No. 113

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept. 2, 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	W. T. Warnick	FULL MAIDEN NAME	Edna May Croft
RESIDENCE	Shelley Idaho	RESIDENCE	Shelley Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F E Roberts

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Shelley Idaho

Filed 10-1 1913. Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-130-006-155

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17238

Primary Registration District No. 2147 Registered No. 112

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mal		Yes	Sept 30 1913

FATHER		MOTHER	
FULL NAME	Amos Kelsey	FULL MAIDEN NAME	Serena Jensen
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts

(Physician or midwife)

Given names added from a supplemental report.

Address Shelley

_____ 19__

Filed 10-7 1913 Edwin Cutler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

7238

553-124-006-386

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 17239

Primary Registration District No. 2147 Registered No. 208

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 24 1913

FATHER		MOTHER	
FULL NAME	David B. Nelson	FULL MAIDEN NAME	Clara J. Thompson
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts (Physician or midwife)

Address Shelley Ida

Given names added from a supplemental report.

_____ 19____ _____ Registrar

Filed 10-1 1913 Edward Miller Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 – 298255

852-107-006-[redacted]

PLACE OF BIRTH

[redacted]

County of Bingham

City of Goshen

Registration District No. 69 File No. 27 17240

No. St.

Primary Registration District No. 2147 Registered No. 189

Hospital

FULL NAME OF CHILD Cleo Steven Hess

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	2	yes	Sep 7 1913

FATHER		MOTHER	
FULL NAME	Acel L Hess	FULL MAIDEN NAME	Mamie Anthony
RESIDENCE	Goshen Ida	RESIDENCE	Goshen Ida
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kiser Ida	BIRTHPLACE	Portage Ida
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Sep 7 at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Shelley Ida

Filed Sep 17 1913 Edwin Cutler M.D. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 28 1964

County of

651-125-006-000

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17241

County of Bingham

City of Firth

Registration District No. 69 File No. 26

No. ..... St.

Primary Registration District No. 2147 Registered No. 188

Hospital

FULL NAME OF CHILD Wain Charles Weading

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	sep 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Weading	FULL MAIDEN NAME	Wanda
RESIDENCE	Firth Ida	RESIDENCE	Firth Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Hyrum Utah
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a Live Sep 25 at 7 a.m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Serrano

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley Ida R.F.D. 1

Filed Oct 9 1913 Edwin Cutler Esq D Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-0—Rev. 6-15-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

LAST

614-230-006-844

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. 17242

Primary Registration District No. 2147 Registered No. 187

FULL NAME OF CHILD THELMA WADSWORTH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Sept 30 1913

FATHER

FULL NAME: Arnold Wadsworth

RESIDENCE: Shelley (Ranch)

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Copper Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sara Kumpherys

RESIDENCE: Shelley

COLOR: white AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye

Midwife (Physician or midwife)

Address Shelley Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9—30 1913. Edward Cutler M.D. Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED BUREAU OF VITAL STATISTICS APR 26 10 32 AM '77 Certificate No. 17242

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Wadsworth (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1913 (Date of Event)

in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Thelma Wadsworth

Subscribed and sworn to before me this 5th day of June, 1975

Deon Hemingway

Notary Public, residing at Ammon, Idaho

My commission expires May 25, 1978

(Seal)

Signed Vera Bird Lee

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3255 Dunnyside Rd Idaho Falls

(Street Address, City, State)

83401 Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1975

Deon Hemingway

Notary Public, residing at Ammon, Idaho

My commission expires May 25, 1978

(Seal)

Signed [illegible] Hansen

(Signature of Any Credible Person)

2705 Central Idaho Falls, Idaho

(Street Address, City, State)

83401

FORM DH 60-155 CL 10-20-65. one copy pd. rec. #89.

Own childs birth certificate on file with Bureau of Vital Statistics gives name of mother as Thelma Wadsworth. Child born October 16, 1950 in Idaho Falls, Idaho, Certificate # 50-12145
Viewed by V.S.

Thelma Wadsworth, Certificate of Birth recorded with the L.D.S.Church on December 4, 1921 gives name correctly. Father is listed as Eli Arnold Wadsworth and Sara Ann Humpherys.
Viewed by r\ S

355-113-006-689

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Goshen

No. _____ St.

Hospital _____

Registration District No. 69

File No. 17243

Primary Registration District No. 2147

Registered No. 18 E

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 18 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Jacob Teepler	FULL MAIDEN NAME	Elsie Whitmill
RESIDENCE	Goshen (Ranch)	RESIDENCE	Goshen
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappley
midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley Ida

Filed 9-28 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

367-125-006-493

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17244

County of Bingham

City of Jamestown

No. _____ St.

Hospital _____

Registration District No. 99

File No. _____

Primary Registration District No. 2147

Registered No. 186

FULL NAME OF CHILD Percy Miller Cox

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harrison Cox	FULL MAIDEN NAME	Nellie Miller
RESIDENCE	Jamestown	RESIDENCE	Jamestown
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth J. Rappleye
Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley Ida

Filed 9-28 1913. Edwin Cutler M.D.
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ida

County of Bingham } ss.

RECEIVED BUREAU OF VITAL STATISTICS AUG 16 10 50 AM '72

Certificate No. 17244

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Cox (Male) (Name on Original Certificate) was born (Was Born or Died) on Sept. 25, 1913 (Date of Event)

in Jamestown, IDaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Percy Miller Cox

Subscribed and sworn to before me this 17 day of Aug, 19 72

Carl A Hall

Notary Public, residing at Shelley Ida

My commission expires 3/26/75

(Seal)

Signed Percy Miller Cox

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Shelley, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida

County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Aug, 19 72

Carl A Hall

Notary Public, residing at Shelley Ida

My commission expires 3/26/75

(Seal)

Signed Lewis Cox

(Signature of Any Credible Person)

Rt. 1 Shelley Ida

(Street Address, City, State)

FORM DH 60-155 CL 8/9/72 nm

Certificate of Birth from LDS Church gives name as Percy Miller Cox, born Sept. 25, 1913 at Jamestown, Idaho. Father's name given as Harrison Cox and mother's name given as Nellie Miller. Entered on record November 2, 1913. Viewed by V. S.

AUG 21 1972

Marriage License from Idaho, Bonneville County gives groom'sname as Percy Miller Cox and the bride's nameas Erma Liljenquist . Dated December 31, 1942. Viewed VS.

168-110
006-168

PLACE OF BIRTH

Form V. S. No. 11-O—[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

17245

County of Bingham

City of Kimball

No. ....., ... St.

Hospital .....

Registration District No. 69 File No. 14

Primary Registration District No. 2147 Registered No. 190

FULL NAME OF CHILD Leo N. Johnson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy			Jan. (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Newton D. Johnson	FULL MAIDEN NAME	Della Francis Johnson
RESIDENCE	Kimball	RESIDENCE	Kimball
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Medicine Bow. Wyoming	BIRTHPLACE	Beaver City, Beaver Co. Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Jan 10, at 11 [illegible] M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice F. Sessions

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Shelley Ida R. F. D. = 1

Filed Jan 20 1913 Edwin Cutler M.D. Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

416-[redacted]06-249

PL[redacted]H

Form V. S. No. 11-C

[redacted]ATE OF IDAHO
[redacted]OF VITAL STATISTICS

[redacted]RTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

File No. 17246

Primary Registration District No. 2147

Registered No. 199

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	8 (Month) – 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred C. Daw	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 12 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 10 – 1 1913 Edwin Cutler M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR [redacted]

WRITE PLAINLY, WITH UNFADING INK—THIS [redacted]

N. B. In case of more than one child at birth, a SEPARATE RETU[redacted] of each, in order of birth stated.

K

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294-110-020
465

PLACE OF BIRTH

Form V. S. No.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of E[illegible]

City of M[illegible] Registration District No. 34 File No. 17247

No. —, —— St.

Primary Registration District No. 2020 Registered No. 69

Hospital ——

FULL NAME OF CHILD Louis J. Bideganeta

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Oct. 10th 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Agapito Bideganeta	FULL MAIDEN NAME	Mincarora Monosterio
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Lodging House Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Mountain Home

..... 19.....

Filed 10/25 1913 B. W. Mather Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 8 1966

JUN 25 1952

295-227-020-312

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 17248

No. —, — St. Primary Registration District No. 2020 Registered No. 68

Hospital —

FULL NAME OF CHILD Teresa Elizabeth Brennan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Oct. 27th, 1913

FATHER		MOTHER	
FULL NAME	Patrick J. Brennan	FULL MAIDEN NAME	Bridget Casey
RESIDENCE	Rubese	RESIDENCE	Revere
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	R.R Sec. Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Mathes

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 27th, 1913 B.W. Mathes Registrar

S-Y CO., 16670

MUST BE PRINTED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 11 1974

799 - 202 - 020 - 294

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 17249

No. —, —— St.

Primary Registration District No. 2020 Registered No. 65

Hospital —

FULL NAME OF CHILD Elva Lucretia Griffiths

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Oct 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank T Griffiths	Helen T Krueger
RESIDENCE	Mtn H	Mtn Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Ida	Ida
OCCUPATION	Clerk	H. Wife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct. 6th 1913 Bert Walker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Wisconsin
County of Winnebago } ss.

Certificate No. 17249

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Griffiths (Name on Original Certificate) who was born (Was Born or Died) on Oct. 2, 1913 (Date of Event)
in Mt. Home (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Cert. of Baptism prepared on 6-13-26 (Bible Record, Insurance Policy, Etc.) (Given Date) are:
Cert. of Confirmation Viewed by Vital Stat

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	April 10, 1927 Viewed by V. S.	
Child's Name	Unnamed	Elva Lucretia Griffiths

Subscribed and sworn to before me this 12 day of
March, 1957

Notary Public, residing at Oshkosh, Wisconsin
My commission expires Comm. Ex. Apr. 24, 1960
(Seal)

Signed Mrs. Helen Theresa Griffiths (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

187 Frederick Ave. Oshkosh, Wisconsin
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin
County of Winnebago } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of
March, 1957

Notary Public, residing at Oshkosh, Wisconsin
My commission expires Comm. Ex. Apr. 24, 1960
(Seal)

Signed Mrs. Guy F. Stone
(Signature of Any Credible Person)

635 - 16th St. Oshkosh, Wis.
(Street Address, City, State)

FORM DPH 55. 155

APR 4

818-207-220-168

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17250
Local Reg. No. 66
Reg. Dist. No. 2020

1. PLACE OF BIRTH
a. COUNTY: Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mountain Home
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Catherine
b. (Middle): Maxine
c. (Last): Hayes

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	October 7, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): C.
c. (Last): Hayes

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
45 YEARS	Quebec, Canada	Carpenter	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Laura
b. (Middle): M.
c. (Last): Johnson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
35 YEARS	Iowa	1	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. Elizabeth Honda

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Mountain Home

20. DATE SIGNED: Oct. 9, 1913

21. DATE REC'D BY LOCAL REG.: Oct. 9, 1913

22. REGISTRAR'S SIGNATURE: B. W. Walters

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

313-229-020-819

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 17251

No. — St.

Primary Registration District No. 2020 Registered No. 71

Hospital —

FULL NAME OF CHILD Wilma Louise Latimore

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	yes	Oct. 29th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Latimore	FULL MAIDEN NAME	Dona A. Harris
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Tenn.	BIRTHPLACE	Mo.
OCCUPATION	Grocery Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Mountain Home

Filed Nov. 2nd 1913 B. W. Mather Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 27 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

199-230
020-25

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 17252

No. —— St. Primary Registration District No. 2020 Registered No. 72

Hospital ——

FULL NAME OF CHILD Maria Concepticion Arrieta

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	——	——	yes	Oct. 31st 1913

FATHER	MOTHER
FULL NAME Miguel Arrieta	FULL MAIDEN NAME Margarita Bastida
RESIDENCE Mountain Home	RESIDENCE Mountain Home
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Sheepman	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B W Mather
Physician
(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Mar. 2nd 1913 B W Mather
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 19[illegible]

MAR 16 1955

MAR 11 1960

AUG 22 1975

962-206-020-693

Amended June 4, 1969

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 17253

No. —, St.

Primary Registration District No. 2020 Registered No. 67

Hospital —

FULL NAME OF CHILD Julia Bell Rosenberry

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
7	—	—	yes	Oct. 6th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milan Rosenberry	FULL MAIDEN NAME	Minnie Filley
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	N. Dak.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 12 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician (Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19....

Address Mountain Home

Filed Oct. 8th 1913 B. W. Mather Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1969

JUN 4 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 28 1969
Bureau of Vital Statistics

State of Oregon
County of Clackamas } ss.

Certificate No. 17253

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Rosenberry (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1913 (Date of Event)

in Mountain Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Add Child's name	Unnamed	Julia Bell Rosenberry
"		

Subscribed and sworn to before me this 24th day of May, 1969

John Rosenberry
Notary Public, residing at Oregon City Oregon
My commission expires 5/10/1971
(Seal)

X Signed Mable Gable
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Clackamas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of May, 1969

John Rosenberry
Notary Public, residing at Oregon City Oregon
My commission expires 5/10/1971
(Seal)

X Signed Nellie Larkin
(Signature of Any Credible Person)

169 Beverly Dr. Ore. City Oregon
(Street Address, City, State)

FORM DH 60-155 CL 5/6/69 1cc pd. rec. No. 13278

JUN 4 1969

School record for Canyon County. Julia Resenberry attended School district #40 Entered school the first Monday of Sept., 1921. Father's name M. Rosenberry Age of pupil given as 8. Dated May, 19, 1969 . Signed by Thelma Lammey, Deputy Clerk Auditor & Recorder. Views by V.S. June 4, 1969

Registration of birth, State of Oregon for Elwin Howard Conley, ~~father~~ husband of Julia Bell Resenberry, born at Mountain Home, Idaho on the 6th day of October, 1913. Signed July 8, 1955. by P. L. Hammond, Circuil Judge. Viewed by V. S.

666-129-020-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. —— St.

Hospital ——

Form V. S. No. 11-C—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~20~~ 34 File No. 17254

Primary Registration District No. 2020 Registered No. 73

FULL NAME OF CHILD Maurice Richard Wootan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Oct 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dan J Wootan	FULL MAIDEN NAME	Celia E. Stafford
RESIDENCE	Featherville	RESIDENCE	Featherville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Iowa
OCCUPATION	Black Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

Physician (Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Mtn Home Ida

Filed Nov. 9th 1913 B W Mather Registrar

S-Y CO. 20174

Form V. S. No. 11-C- [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 4 1943

236-131-[illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 1[illegible]

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 17255

No. —, St.

Primary Registration District No. 2020

Registered No. 70

Hospital —

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	—	—	yes	Oct 31, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur V. Stone	FULL MAIDEN NAME	Alice Thompson
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	N. H.
OCCUPATION	Rancher	OCCUPATION	H. wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Mountain Home

, 19

Filed 11/1 1913 B. W. Mather Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(Name of

STATE OF TEXAS

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

155-225-006-355

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

No. 11-C-20

County of Bannock

City of Pocatello

Registration District No. 121

File No. 17256

No. No St.

Primary Registration District No. 2194

Registered No. 210

Hospital No

FULL NAME OF CHILD Unnamed Jenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Sept 25 1913

FATHER		MOTHER	
FULL NAME	Michael Jenson	FULL MAIDEN NAME	Peeples
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Oct. 5 1913 M E Patrie

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-18-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. .....

Hospital

istration District No. ..... File No. .....

y Registration District No. ..... Registered No. .....

her	Legitimate?	Date of Birth			191
her		(Month)	(Day)	(Year)	
plural births)					

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

OCCUPATION

of children of this mother now living, including present birth

SICIAN OR MIDWIFE

(Physician or midwife)

Registrar

DIN

PERMANENT RECORD

for each and the number

154-111-006-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Brigham

City of Thomas

No. ..... St.

Hospital .....

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17257

Primary Registration District No. 2194 Registered No. 211

FULL NAME OF CHILD Marvin Earl Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Sept 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl Anderson	FULL MAIDEN NAME	Phoebe Adella Stoddard
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 10 1913 W. E. Patrick

Registrar

Registrar

S-Y CO. 20174

MAR 23 1942

367-110-006-666

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Blackfoot

Registration District No. 121 File No. 17258

Primary Registration District No. 1007 Registered No. 212

FULL NAME OF CHILD Unnamed Cope

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 10 1913

FATHER	MOTHER
FULL NAME Ralph P Cope	FULL MAIDEN NAME Myrle Wood
RESIDENCE Bingham, Idaho	RESIDENCE Bingham, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Filed Oct 10 19 13 M. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

Registered No.

PLACE OF BIRTH

855-205-006-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 230 E Judicial St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17259

Primary Registration District No. 1007 Registered No. 213

FULL NAME OF CHILD Celian Josephine Henesh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Henesh	FULL MAIDEN NAME	Mary Burnet
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed Oct 10 1913 M. E. Patrice

Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. _____

PLACE OF BIRTH

294-203-006-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Riverside

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17260

Primary Registration District No. 2194 Registered No. 214

FULL NAME OF CHILD Hilda Agnes Sickert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm Sickert	FULL MAIDEN NAME	Mildred Fresh
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 10 1913 W E Patrie Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

Registered No.

PLACE OF BIRTH

County of

MAY 23 1949

459-106-006-522

Amended 4-28-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17261
Local Reg. No. 215
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Hubert b. (Middle): Ephamus c. (Last): Merrell

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 6, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): I. b. (Middle): George c. (Last): Merrell

8. AGE (At time of this birth): 39 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Carrie b. (Middle): Elmina c. (Last): Eskelsen

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. J. Simmons, M.D.

19. ADDRESS: Blackfoot, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Oct. 13, 1913

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY | WEIGHT AT BIRTH | Was a standard serological test for syphillis performed? Yes ____ No ____

: in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 5 1965 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 17261

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Ephamus Herbert Merrell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 6, 1913 (Date of Event)

in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ephamus Herbert Merrell	Hubert Ephamus Merrell

Subscribed and sworn to before me this 24 day of March, 1965

Notary Public, residing at Blackfoot Idaho

My commission expires 4-6-66

(Seal)

Signed Carrie Edwina Merrell (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #3 Blackfoot Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of March, 1965

Notary Public, residing at Blackfoot, Ida

My commission expires 4-6-66

(Seal)

Signed Ray Jr Erickson (Signature of Any Credible Person)

R-3, Blackfoot, Idaho. (Street Address, City, State)

FORM DH 60-155

CL 3-17-65. one copy pd. rec. #11356.

Own Child's Birth Cert. on file: (Idaho Birth) #53-12546 gives full name of father as Hubert Ephamus Merrell - viewed by V.S.

Marriage Sealing Record, dated March 29, 1956 gives full name of male as Hubert Ephamus Merrell and full name of female as Thelma Alice Crane Steed - married at Blackfoot, Idaho on Nov. 30, 1947 - viewed by V.S.

314-205-006-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. R F D 2 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17262

Primary Registration District No. 2194 Registered No. 216

FULL NAME OF CHILD Unnamed Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	/	/	Yes	Oct 5 1913

FATHER

FULL NAME Ulysses Campbell

RESIDENCE Blackfoot R F D 2

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Pearl Wilson

RESIDENCE Aberdeen R F D 2

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12 45 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct. 14 1913 M E Patrie Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

693-129-006-515

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blkfoot

Registration District No. 121 File No. 17263

No. Ward 4 St.

Primary Registration District No. 1007 Registered No. 217

Hospital Alexander Arnold

FULL NAME OF CHILD unnamed Willemsen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	/	/	Yes	Sep 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cornelis Willemsen	FULL MAIDEN NAME	Johanna van Devill
RESIDENCE	Blkfoot	RESIDENCE	Blkfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Holland	BIRTHPLACE	Holland
OCCUPATION	Book Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 14 1913 W. E. Patrick

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

155-204-006-962

Form V. S. No. 11-C—20m-8-15-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Moreland

No. — St. —

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17264

Primary Registration District No. 2194 Registered No. 218

FULL NAME OF CHILD ESSIE MATILDA JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Oct 11 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph E. Jensen	Essie Robinson
RESIDENCE	Blackfoot Route 4	Do
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	19
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address Blackfoot

Given names added from a supplemental report

....., 19.....

Filed Oct 15 19 13 M. E. Patrie

Registrar

S-Y CO. 20174

Registrar

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

istration District No. ..... File No. .....

y Registration District No. ..... Registered No. .....

ber ler h plural births)	Legiti- mate?	Date of Birth ..... 191.. (Month) (Day) (Ye

MOTHER

FULL MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY .....
(Years)

BIRTHPLACE

OCCUPATION

of children of this mother now living, including present birth .....

SICIAN OR MIDWIFE*

..... , at ..... M.
(live or stillborn)

.....

.....
(Physician or midwife)

.....

.....
Registrar

PLACE OF BIRTH

County of .....

City of .....

No. .....

Hospital

DING
FRMANENT RECORD
for each and the number

MAR 1 4

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 17264

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Jenson (Name on Original Certificate) who was born (Was Born or Died) on October 9th 1912 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on June 5th 1925 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Jenson	Essie Matilda Jensen
name of father	Joseph Jenson	Joseph E. Jensen

Subscribed and sworn to before me this 9th
day of March, 1942

Notary Public, residing at Redondo Beach Calif
My commission expires October 23rd 1943
(Seal)

Signed Essie L. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

327 No. Gertruda Ave, Redondo Beach Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of March, 1942

Notary Public, residing at Redondo Beach Calif
My commission expires October 23, 1943
(Seal)

Signed A. E. Cox
(Signature of Any Credible Person Other Than Previous Year)

1812 Belmont Lane, Redondo Beach Calif
(Street Address, City, State)

MAR 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bingham

City of Black foot

No. Nipple add.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17266

Primary Registration District No. 1007 Registered No. 220

FULL NAME OF CHILD Ernest Virgil Pope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles W Pope	FULL MAIDEN NAME	Agnes Peterson
RESIDENCE	Black foot	RESIDENCE	Black foot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Labour	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Black foot Idaho

Filed Oct 19 1913 M. E. Patrie Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BAU OF VITA

CERTIFICATE

APR 1 0 1949

[illegible]CE OF BIRTH

[illegible] 4 1969

Amended 1-5-61

PLACE OF BIRTH

269-215-006-857

County of Bingham

City of Blackfoot

No. Route 1 St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17267

Primary Registration District No. 2194 Registered No. 221

FULL NAME OF CHILD Mildred Sorensen

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Oct. 15, [redacted] 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Jens Lars Sorensen	FULL MAIDEN NAME	Karen Malene Hegland
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L.P. Batway

Midwife
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Oct. 20, [redacted] 1913 W.E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Birth, Nov. 6, 1921-date entered on record; - gives full name of child as Mildred Sorensen, born Oct. 15, 1913 at Blackfoot, Idaho to Jens L. Sorensen and Malanda Hegland - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

other document listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 17267

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Josephine Sorensen (Name on Original Certificate) who born (Was Born or Died) on October 15, 1913 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 15,1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Josephine Sorensen	Mildred Sorensen

Subscribed and sworn to before me this 11th day of January 1960

Notary Public, residing at Blackfoot, Idaho
My commission expires January 1, 1964
(Seal)

Signed Jens L Sorensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.D.# 1 Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of January 19 60

Notary Public, residing at Blackfoot, Idaho
My commission expires January 1, 1964
(Seal)

Signed
(Signature of Any Credible Person)

1495 West Center Blackfoot, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 8-3-59. one copy pd. receipt #13487.

~~-Statment from~~

Statement from F.R. Boysen, Assistant Vice-President, Metropolitan Life Insurance Company - states - "The following is a true transcript of our records of Policy Number 32 364 897 issued by the Metropolitan Life Insurance Company. Date of Policy, March 24, 1924. Name of Insured, Mildred Sorensen, later changed to Johanson. Place of Birth, Idaho. Age next Birthday at Time Application was Written, 11 years. Application was signed by Jens L. Sorensen, Father. In March, 1940 insured requested change of name and at that time gave her birth date October 15, 1913." - viewed by V.S. Statement made up on November 10, 1960.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

CERTIFICATE OF BIRTH

City of Bingham

251-121-006-695 Registration District No. 121 File No. 17[redacted]

No. _____, _____ St.

Primary Registration District No. 2194 Registered No. 222

Hospital _____

FULL NAME OF CHILD George Arthur Keasey

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	10 (Month) 21 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Clyde Keasey	FULL MAIDEN NAME Emma Adella Winner
RESIDENCE Blackfoot, Ida	RESIDENCE Blackfoot, Ida
COLOR white AGE AT LAST BIRTHDAY 37 (Years)	COLOR white AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Indiana U.S.A	BIRTHPLACE Illinois, U.S.A
OCCUPATION Labor	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Hoover

(Physician or Midwife)

Given names added from a supplemental report

Oct 22, 1913

Address Blackfoot, Idaho

Filed Oct 22, 1913 [illegible] Fabre

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

E/12/41 Z.J.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible]

[illegible]

STATE OF [illegible]

[illegible]

CERTIFICATE OF BIRTH

City of Blackfoot

No. R.F.D. 1 St.

385-218-006-133

Hospital

Registration District No. 121

File No. 17269

Primary Registration District No. 2194

Registered No. 228

FULL NAME OF CHILD Unnamed Cheney

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	10 (Month) 18 (Day) [illegible]

FATHER	MOTHER
FULL NAME: Delar Edward Cheney	FULL MAIDEN NAME: Florence Allen
RESIDENCE: 4 miles North Blackfoot	RESIDENCE: 4 miles North Blackfoot
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Hoover, M.D.

Blackfoot, Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed Oct 22 1913 W. E. Patrie Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-0-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

155-114-006-753 No ____, ____ St.

Registration District No 121 File No. 17270

Hospital ____

Primary Registration District No 219-4 Registered No. 224

FULL NAME OF CHILD ~~Unnamed~~ HANS ANTON JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	10 14 1912

FATHER	MOTHER
FULL NAME Lars Jensen	FULL MAIDEN NAME Mary Dorothy Petersen
RESIDENCE Groveland, Idaho	RESIDENCE Groveland, Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Denmark	BIRTHPLACE Denmark
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Lower

(Physician or Midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

....., 19.....

Filed Oct 22 19 12 M. E. Parks

Registrar

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 17270

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Hans Anton Jensen

Subscribed and sworn to before me this 20th day of July, 1942

Leonard Chapman
Notary Public, residing at Blackfoot

My commission expires apl 6-1946
(Seal)

Signed Lars Jensen Jacobsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 270
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 27 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Count[redacted]gham

City [redacted]kfort

No[redacted] North St.

236-231-006-113

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17271

Primary Registration District No. 2194 Registered No. 225

FULL NAME OF CHILD Clarice Leone Stoel

Sex of Child: Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter Stoel	FULL MAIDEN NAME	Ellen Jacobson
RESIDENCE	Butte Mont.	RESIDENCE	Blackfoot Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Wis	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Blackfoot

Filed Oct 15 1913 W. E. Patrie Registrar

R-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED AUG 13 3 29 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 17271
County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Stoel (Name on Original Certificate) who born (Was Born or Died) on Aug. 31, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clarice Leone Stoel

Subscribed and sworn to before me this 30th day of March, 1959
Gustav L. Kulman
Notary Public, residing at 730 El Centro Ave Oakland
My commission expires My Commission Expires April 26, 1960
(Seal) ... of Alameda
... California

Signed Mrs Dora C Welboan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1012 The Alameda Berkeley, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of MARIPOSA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of August, 1973
Thena E. Billings
Notary Public, residing at Mariposa, Cal.
My commission expires 7-5-75
(Seal)

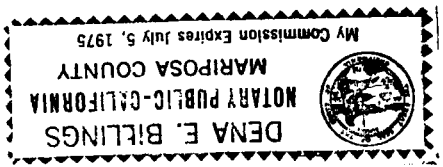
Signed Demaris Stoel Goodrich
(Signature of Any Credible Person)
1442 Queens Rd.
(Street Address, City, State)
Berkeley, Calif. 94708

FORM DPH 55.155 NNCL 2-10-59. nm

Life Policy with Metropolitan Life Ins. Co. igves name as Clarice L. Stoel (policy No. 3362754) Dated Nov. 14,1927. Age at next birthdate 15 years. Viewed vy V. S.

Reorganized Church of Jesus Christ Of Latter Day Saints certif of Baptism and Confirmation gives child's name as Clarice Leone Stoel/ Born Aug. 31, 1913. Was Baptized Oct. 22, 1922. Entered in Church record Dec., 1922. Viewed by VSD

AUG 3 0 1973



344-128-006-344

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. General Delivery St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17272

Primary Registration District No. 2194 Registered No. 226

FULL NAME OF CHILD Unnamed Cumberland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	———	———	No	Oct 28 1913

FATHER		MOTHER	
FULL NAME	———	FULL MAIDEN NAME	Sadie Cumberland
RESIDENCE	———	RESIDENCE	Blackfoot Idaho
COLOR	———	COLOR	W
AGE AT LAST BIRTHDAY (Years)	———	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	———	BIRTHPLACE	Mo
OCCUPATION	———	OCCUPATION	At Home

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Davis

(Physician or midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct 29 19 13 M E Patrick

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1970

819-125-006-159

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Bingham

City of Belfoot

No. RFD 2 St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17273

Primary Registration District No. 2194 Registered No. 227

FULL NAME OF CHILD Unnamed Hart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	———	———	Yes	Oct 25 1913

FATHER		MOTHER	
FULL NAME	Ambrus Hart	FULL MAIDEN NAME	Lulu Jerome
RESIDENCE	Belfoot RFD #2	RESIDENCE	Belfoot RFD 2
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Oct 29 1913 W E Fabric

Registrar

8-Y CO. 20174

PLACE OF BIRTH

DUP OF 1913-367767

355-214-006-797

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Tabor

Registration District No. 121 File No. 17274

No. — St.

Primary Registration District No. 2194 Registered No. 228

Hospital —

FULL NAME OF CHILD Unnamed Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Oct 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Lee	FULL MAIDEN NAME	Ethel Pixley
RESIDENCE	Tabor Idaho	RESIDENCE	Tabor Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	R.R. Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. Davis

(Physician or midwife)

Given names added from a supplemental report

Address

Filed Oct 29 1913 W. E. Patrie

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

133-123-006-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Brigham

City of Blackfoot River

No. — St.

Hospital —

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17275

Registration District No. 121 File No.

Primary Registration District No. 2194 Registered No. 229

Alger Clinton

FULL NAME OF CHILD Unnamed Hancock Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 23 1913

FATHER		MOTHER	
FULL NAME	Wm Jessie Allen	FULL MAIDEN NAME	Nina May Hancock
RESIDENCE	Blackfoot	RESIDENCE	Do
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
COLOR	W	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

Phys (Physician or midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Oct. 31, 1913 M. E. Patrick

Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 26 1973

766-119-006-946

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Riverside

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17276

Primary Registration District No. 2194 Registered No. 230

FULL NAME OF CHILD ~~Unnamed~~ Elden Clair Gooch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 19 1913

FATHER		MOTHER	
FULL NAME	Hans E. Gooch	FULL MAIDEN NAME	Florence Amy Ruff
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Oct 31st 19 13 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 1729

415-125-006-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Ammon

No. — St.

Hospital —

Registration District No. 121 File No. 17277

Primary Registration District No. 2194 Registered No. 231

FULL NAME OF CHILD Roland Willard Dance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 25 1913

FATHER

FULL NAME: Willard A. Dance

RESIDENCE: Blackfoot #2

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lulu E. Wintle

RESIDENCE: Do

COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Address B

Given names added from a supplemental report

....., 19.....

Filed Oct 31, 19 13 W. E. Patrie Registrar

.....
Registrar

B-Y CO. 20174

SEP 25 1972

FEB 11 1975

243-128-90,6-275

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland Registration District No. 121 File No. 17278

No. ..... St. Primary Registration District No. 2194 Registered No. 232

Hospital .....

FULL NAME OF CHILD Spencer Butt George Spencer Butt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				Oct 25 1913

FATHER

FULL NAME Israel Virial Butt

RESIDENCE Groveland

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Paragonah Iron Co Utah

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Elizabeth A Spencer

RESIDENCE Groveland

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Willsville Cache Co Utah

OCCUPATION house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mrs S Gunnerdale (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Nov 2 19 13 W E Patrie Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

No.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

8-1-75

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 1 10 55 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17278

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Spencer Butt (Name on Original Certificate) who was born (Was Born or Died) on Oct. 28, 1913 (Date of Event)

in Groveland (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Spencer Butt	George Spencer Butt

Subscribed and sworn to before me this 1 day of August, 1975

Sue Nora Lowe

Notary Public, residing at Driggs, Idaho

My commission expires Sept 18, 1977

(Seal)

Signed Margret Butt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 Box 265 Blackfoot, Id. 83221

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Social Security Card #519=12-6965 (Form 702=1-Rev.1-46) gives name as George Spencer Butt.

Own child's birth certificate issued by State of Idaho #293774 child born May 26, 1940 gives father's name as George Spencer Butt.
Viewed by Vital Statistics 8/1/75

744-103-006-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Groveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 17279

Primary Registration District No. 2194 Registered No. 233

FULL NAME OF CHILD Arthur Smith Gummersall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Gummersall	FULL MAIDEN NAME	Sarah Anderson
RESIDENCE	Groveland	RESIDENCE	Groveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Spanish Fork
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S Gummersall (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov 5 1913 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4[redacted]0-006-944

PLA[redacted]

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted]

County of [redacted]ham

City of Blackfoot

Registration District No. 121 File No. 17280

No. ..... St.

Primary Registration District No. 2194 Registered No. 234

Hospital .....

FULL NAME OF CHILD ~~Unnamed~~ EDITH IRENE Marlow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walton Marlow	FULL MAIDEN NAME	Sarah H. Rudd
RESIDENCE	Blackfoot Route 3	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address B

Filed Nov 5 1913 W. E. Patrie Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of BINGHAM }

Certificate No. 17280

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for EDITH IRENE MARLOW (NAME ON ORIGINAL CERTIFICATE) who BORN (WAS BORN OR DIED) on OCT. 30, 1913 (DATE OF EVENT) in R3. BLACKFOOT, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on OCT 30, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edith Irene Marlow

Subscribed and sworn to before me this 3rd day of March, 1943.

E. P. Monson Jr.

Notary Public, residing at Blackfoot Idaho

My commission expires July 10 1943

(SEAL)

Signed Walton Marlow

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R3. Blackfoot, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 1943.

E. P. Monson Jr.

Notary Public, residing at Blackfoot, Idaho

My commission expires July 10, 1943

(SEAL)

Signed Sarah H Marlow

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R 3 Blackfoot, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 6 1943

259-227-006-35-9

Form V. S. No. 11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 60 Court St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17281

Primary Registration District No. 1007 Registered No. 235

FULL NAME OF CHILD Ruth Jean Berryman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 27 1913

	FATHER	MOTHER
FULL NAME / MAIDEN NAME	Harry Irv. Berryman	Lucy Leishman
RESIDENCE	Blackfoot Ida	Do
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Hdw. Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

phys
(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report

.....19.....

Filed Nov 6 19 13 M. E. Patrick

.....
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 30 1966

689-114-001-459

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

No. R.7.D. St.

Hospital

Registration District No. 1 File No. 17282

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Albert Washington Whited.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	yes	Aug - 14 1918

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Lorie Henry Whited	FULL MAIDEN NAME Leona Mercer
RESIDENCE 2 Miles East of Meridian	RESIDENCE Same
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report.

....19.....

Registrar

Filed Aug - 16 1918 C. L. Sutton

Registrar

8-Y CO. 24656

3/6/41 L. B.

[redacted]

689-216
001-365

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Ada

City of Meridian

Registration District No. 1

File No. 17283

No. R# II St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Wilma White

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	one (To be answered only in event of plural births)	4th	yes	Sept 16, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas H. White	FULL MAIDEN NAME	Lidia Contto
RESIDENCE	Meridian Idaho R# II	RESIDENCE	Meridian R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ontero Canada	BIRTHPLACE	Ontero Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Meridian Ida

, 19

Filed October 19th 1913 C. L. Sutton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

STATE OF IDAHO

JAN 2 0 1945

916-129-001-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17284

County of Ada

City of Meridian

Registration District No. 1 File No.

No. St.

Primary Registration District No. 2003 Registered No.

Hospital

FULL NAME OF CHILD Thomas Carter Rawlings

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Sept. 29 1913

FATHER

FULL NAME Thomas Carter Rawlings

RESIDENCE 2 Mi. S. 5 Mi. E.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Penn.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jennie B Nelson

RESIDENCE 2 Mi. S. 5 Mi. E.

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Boise Ada.

OCCUPATION Home Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician
(Physician or midwife)

Address Meridian

Given names added from a supplemental report

..... 19.....

Filed Sep. 29 1913 C. L. Sutton
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

464-108-001-799

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 — File No. 17285

Primary Registration District No. 2003 — Registered No. .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Oct 8th 1913

FATHER		MOTHER	
FULL NAME	Frank Montana Douglas	FULL MAIDEN NAME	Hazel Paine
RESIDENCE	Near Meridian	RESIDENCE	Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas City Kansas	BIRTHPLACE	Colorado Springs Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

(Physician or midwife)

Address Meridian Idaho

Filed Oct 11th 1913 C. L. Sutton

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

Form V. S. No. U-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-112-001-396

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Near Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 17286

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Floyd Theodore Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Sep. (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude James Johnson	FULL MAIDEN NAME	Emma Crowder
RESIDENCE	2 Mi E. 3½ Mi N of Meridian	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Lewiston Montana
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Meridian Ida

Filed Sep-14 1913 C. L. Dutton Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

713-102-001-713

Form V. S. No. 11-C—20m-2-15-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17287

County of Ada

City of Meridian

No. — St.

Hospital ✓

Registration District No. 1 File No.

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Robert Palmer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		—	Yes	Sep (Month) 2 (Day) 19[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Isaac Corson Palmer	FULL MAIDEN NAME	Hattie Luvina Palmer
RESIDENCE	2½ Mi E. 2½ Mi So.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Sutton

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Meridian Ida

Filed Sep 4 19 13 C. L. Sutton Registrar

Registrar

[illegible] 174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOT

DUP OF 1913-16060

313-226-001-414

PLACE OF BIRTH

County of Ada

City of Boise Meridian

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 17288

Primary Registration District No. 2003 Registered No. ———

FULL NAME OF CHILD Emma Hazeldine

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	— (To be answered only in event of plural births)	—	yes	8 26 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. B. Cato	Carrie Madden
RESIDENCE	Meridian	Meridian Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Mo	Ia
OCCUPATION	Thrashing	Kw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) M. Allen Galloway

Physician
(Physician or midwife)

Address Boise Idaho.

Filed Aug-31 1913 C. L. Sutton
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No.

(Year)

PLACE OF BIRTH

County of

319-108-001-365

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 17289

No. R#II St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Glenn Joseph Carpenture

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	one	7th	yes	Sept 8, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ollie E. Carpenture	FULL MAIDEN NAME	Estella Constant
RESIDENCE	Meridian R#II	RESIDENCE	Meridian R#II
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Meridian

, 19

Filed Oct 19 1913 C. L. Dunton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

791-216-001-15-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Kuna

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 17290

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Sylvia Gertrude Graham

Sex of Child Female | Twin, Triplet, or other? One (To be answered only in event of plural births) | and Number in order of birth 3rd | Legitimate? yes | Date of birth Oct 6 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Harvey V. Graham	FULL MAIDEN NAME Ora E Crowe
RESIDENCE Kuna Idaho	RESIDENCE Kuna Idaho
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
COLOR White	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

(Physician or Midwife)

Address Meridian

Filed Oct-19- 1913 C. L. Dutton

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 1290

PLACE OF BIRTH

(Name of

WITH UNPADDING PEN — THIS IS A PE
- Use one child at birth, a DATE RETURN must be
of each twin at birth desired

958-201-00-955

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

[redacted]TE OF IDAHO
[redacted]F VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

Registration District No. 73 File No. 17291

Primary Registration District No. 2150 Registered No. 265

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Reynwald	FULL MAIDEN NAME	Juanita Reed
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed Nov 1 1913 Wm Kennard
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DUP OF 1913-263576 REYNWALD

366-231-010-698

Form V. S. No. 11-C—20m-8-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 17292

No. ..... St.

Primary Registration District No. 2151 Registered No. 264

Hospital .....

FULL NAME OF CHILD Mary Agnes Cook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Timothy Cook	FULL MAIDEN NAME	Mary Fryers
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kinnaird

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed Nov 5 1913 W. Kinnaird Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DEC 3 1963

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
256-229-010-419
City of _____

Registration District No. 73 File No. 17293

No. _____ St.

Primary Registration District No. 2150 Registered No. 263

Hospital _____

FULL NAME OF CHILD EDITH MAY SNOW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Thomas Snow	FULL MAIDEN NAME	Rillie Marshtown
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kinnard
Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Idaho Falls Ida.

Filed Oct 29 1913 W. Kinnard
Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jerome } ss.

Certificate No. 17293

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth 10-29-1913
(Birth or Death)
for Edith May Snow who 10-27-1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Bonneville Co. Idaho Falls are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by Bible Record prepared on 10-27-1913, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Edith May Snow

Subscribed and sworn to before me this 27th
day of April, 1943

William T. Smith
~~Notary Public~~, residing at Jerome Idaho

My commission expires 1-4-45.
(Seal)

Signed Billie Snow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1943

693-101-010-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonnivelke.

City of Idaho Falls, Ida. Registration District No. 73 File No. 17294

No. ..... St. Primary Registration District No. 2152 Registered No. 962

Hospital .....

FULL NAME OF CHILD Fenton Edwin Wilson.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10/1/13. 191...

FATHER	MOTHER
FULL NAME Chas. Wilson.	FULL MAIDEN NAME Hattie Smith
RESIDENCE Idaho Falls, Ida.	RESIDENCE Idaho Falls, Ida.
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Sacramento Cal.	COLOR White
OCCUPATION Cigar salesman	AGE AT LAST BIRTHDAY 20 (Years)
	BIRTHPLACE Idaho Falls, Ida.
	OCCUPATION Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 10/1/13. at 5/20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dobyns M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Fall, Ida.

Filed Oct 27 1913

..... Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 16 [redacted]

JUN 5 1942

419-1[illegible]318

BLAC[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 17295

No. _____ St.

Primary Registration District No. 2150 Registered No. 261

Hospital Ludwig

FULL NAME OF CHILD Ernest A. Martin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert F. Martin	FULL MAIDEN NAME	Lena Fern Taylor
RESIDENCE	Id Falls Ida.	RESIDENCE	Id Falls Ida
COLOR	W Lite	COLOR	W Lite
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Idaho Falls Ida

Filed Oct 27 1913 [signature] Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF TEXAS
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 12795

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ernest Martin (Name on Original Certificate) who born (Was Born or Died) on September 29, 1913 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ernest	Ernest Ludwig Martin

Subscribed and sworn to before me this 7th day of March, 1945

Notary Public, residing at Idaho Falls, Idaho

My commission expires July 6, 1948
(Seal)

Signed L. Fern Martin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1945

Notary Public, residing at Idaho Falls, Idaho

My commission expires July 6, 1948
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 18 1945

791-124-010-691

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE O[redacted]
BUREAU OF VIT[redacted]
CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17296

Primary Registration District No. 2150 Registered No. 260

FULL NAME OF CHILD Bert Vivian Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Gray	FULL MAIDEN NAME	Dora Frame
RESIDENCE	I. Falls Ida	RESIDENCE	I. Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Idaho Falls Ida

Filed Oct 25 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 13 1944

413-201-010-212

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital Home

Registration District No. 73

Primary Registration District No. 2156

File No. 17297

Registered No. 219

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct. 1 1913

FATHER		MOTHER	
FULL NAME	K. Matsushita	FULL MAIDEN NAME	G. Sasaki
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	Yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Simmons

midwife (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

Filed Oct 21 1913

..... Registrar

..... Registrar

8-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls

No. 854-112-010-417 St.

Registration District No. 73 File No. 17298

Primary Registration District No. 2110 Registered No. 25-

Hospital

FULL NAME OF CHILD Verne David Heuston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Howard H. Heuston	FULL MAIDEN NAME	Stella Majores
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Okla.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M. D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls Ida.

Filed Oct 25 1913 [signature] Registrar

Registrar

S-Y CO. 20174

Certified copy issued 2-6-1941. dp

OCT 3 1972

753-111-010-389

PLACE OF BIRTH

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17299

County of Bonneville

City of Idaho Falls Ida.

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2150 Registered No. 257

Hospital Idaho Falls General

FULL NAME OF CHILD Francis Monte Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 11, 1913 (Month) (Day) (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Mona	Peterson	Harriet	Christensen
RESIDENCE	Camas, Ida.	RESIDENCE	Camas, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Oct 22 1913 [signature] Registrar

Registrar

S-Y CO. 26174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] VITAL STATISTICS

County of Bonneville

CERTIFICATE OF BIRTH

17300

City of Idaho Falls

No. 155-209-010-842 St.

Registration District No. 73

File No.

Primary Registration District No. 2150

Registered No. 2156

Hospital

FULL NAME OF CHILD Marie Wilhelmina Jensen

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct. 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. F. Jensen	FULL MAIDEN NAME	Ellen Hubler
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls Ida

Filed Oct 22 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

Own Child's Birth Cert. on file, #298851 gives full maiden name of mother as Marie Wilhelmina Jensen - viewed by V.S. and State of Utah Certificate of Marriage, June 29, 1939 at the Salt Lake Temple - gives full name of groom as Lloyd Albert Webster and full maiden name of bride as Marie Wilhelmina Jensen - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17300

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on Oct. 9, 1913 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marie Wilhelmina Jensen

Subscribed and sworn to before me this 15 day of September, 1960

Notary Public, residing at Idaho Falls

My commission expires June 8 1964

(Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

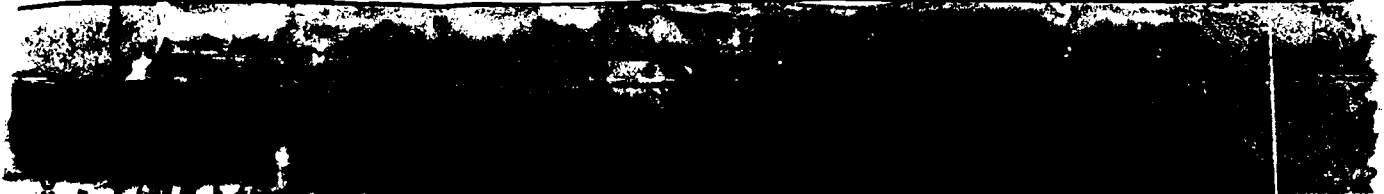
(Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155 CL 9-7-60. nm

SEP 29 1960



143-208-010-792
No. St.

Registration District No.

Primary Registration District No. 2170 Registered No. 2770

Hospital

FULL NAME OF CHILD NEVA LOUISE JULIEN

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Oct. 8 1913

FATHER		MOTHER	
FULL NAME	Tom Engle Julian	FULL MAIDEN NAME	Jennie Gibson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

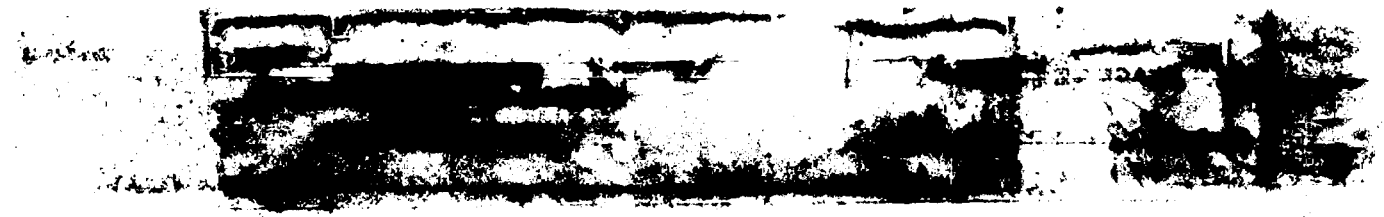
Registrar

Filed Oct 22 1913 [illegible]
Registrar

B-Y CO. 20174

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado } ss. 1947 Certificate No. 17301

County of Denver } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Neva Louise Julien (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 8, 1913 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name	Neva Louise Julien
name of father	Tom Engle Julian	Tom Engle Julien

Subscribed and sworn to before me this 10th day of February, 1942

C. Ella MacDougall

Notary Public, residing at 1605 E 16 ave Denver Colo

My commission expires Feb. 28-1945

(SEAL)

Signed Sadie J. Jayne

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1614 Franklin, Denver Colo.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.

County of Denver }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of February, 1942

C. Ella MacDougall

Notary Public, residing at Denver, Colo.

My commission expires Feb 28-1945

(SEAL)

Signed Eric E. Lundborg

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1608 Franklin

(STREET ADDRESS, CITY, STATE)

Denver Colo

Received for filing on ..... 1942 By .....

(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted]

City of [redacted] Registration District No. 73 File No. 17302

819-220-010-666

No. ..... St.

Primary Registration District No. 2100 Registered No. 214

Hospital .....

FULL NAME OF CHILD Daisy Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 20 191[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Oscar Harris	FULL MAIDEN NAME	Mary Fowler
RESIDENCE	Ammon Ida	RESIDENCE	Ammon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sulphur Springs, Ind.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kennard

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Idaho Falls Ida.

Filed Oct 20 1913 W. Kennard Registrar

S-Y CO. 20174

K

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. 414-227-010-396 St.

Registration District No. 73

File No. 17304

Primary Registration District No. 2150

Registered No. 252

Hospital

FULL NAME OF CHILD May Madsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Aug 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William C Madsen	FULL MAIDEN NAME	Hazel A Crafft's
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montreal utah	BIRTHPLACE	Ferron utah
OCCUPATION	Comer Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 27 at 25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co Idaho

Filed Oct 15 1913 W Kimmel
Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

SEP 23 1975

815-202-010-393

Form V. S. No. 11-C—20m-3-1[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 17305

Primary Registration District No. 2150 Registered No. 251

FULL NAME OF CHILD Eva Hansen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
girl	first		yes	Oct 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles W Hansen	FULL MAIDEN NAME	Mary A Lee
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Myrum Utah	BIRTHPLACE	Tooele Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 2 at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Abstretion
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co Idaho

Filed Oct 15 1913 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

815-202-010-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 7.3 File No. 17306

Primary Registration District No. 2150 Registered No. 250

FULL NAME OF CHILD Eda Hansen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	Twin (To be answered only in event of plural births)		Second	yes	Oct 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles W Hansen	FULL MAIDEN NAME	Mary A. Lee
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Myrum utah	BIRTHPLACE	Tooele utah
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 2, at 15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address Iona Boneville Co Idaho

Filed Oct 15 1913 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

284-102-010-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Boneville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17307

Primary Registration District No. 2150 Registered No. 249

FULL NAME OF CHILD Loral Thomas Shurtliff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas I Shurtliff	FULL MAIDEN NAME	Maymie Smith
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Dewey Idaho	BIRTHPLACE	Iona Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 2 at 20 to 12 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

obstretion (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co Idaho

Filed Oct 15 1913 W Kimmel Registrar

Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

848-125-010-814

PLACE OF BIRTH

Form V. S. No. 11-C—20m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boreville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73

File No. 17308

Primary Registration District No. 2150

Registered No. 248

FULL NAME OF CHILD Harvey Edward Howard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Sept 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William H Howard	FULL MAIDEN NAME	Lenora Howard
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	rich Co utah	BIRTHPLACE	rich Co, utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 25, at 4 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boreville Co, Idaho

Filed Oct 15 1913 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 6 1968

MAR 8 1976

236-202-010-993

Form V. S. No. 1-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

Registration District No. 73 File No. 17309

No. ..... St.

Primary Registration District No. 2157 Registered No. 247

Hospital ..... ORPHA LaFAYE KLOSSNER

FULL NAME OF CHILD Orpha Klossner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Sept 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William W Klossner	FULL MAIDEN NAME	Beulah W Ritchie
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Ovid Idaho	BIRTHPLACE	Iona Idaho
OCCUPATION	Corner Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Sept 2, at 15 A 19 (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

obstetrix (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co Idaho

Filed Oct 15 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 17309

County of Bonneville } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Orpha LaFaye Klossner (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on September 2, 1913 (DATE OF EVENT)

in Iona, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on October, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Orpha	Orpha LaFaye Klossner

Subscribed and sworn to before me this 18

day of January, 1942

[illegible]

Notary Public, residing at Idaho Falls Idaho

My commission expires 4/10/46

(SEAL)

Signed Beulah K Evie

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mother

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires

(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 3 1943

993-118-010-812

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 17310

Primary Registration District No. 2150 Registered No. 246

FULL NAME OF CHILD Joseph A Ritchie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Aug 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph M. Ritchie	FULL MAIDEN NAME	Pearl M Hobley
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Marates Valley Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Aug 18 at 10 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

obstetrician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co. Idaho

Filed Oct 15 1913 W Kinnard Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

JUN 23 1961

315-227-010-357

Form V. S. No. 11-C—30m-8-13-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Lee Ave St.

Hospital

Registration District No. 73 File No. 17311

Primary Registration District No. 2170 Registered No. 2441

FULL NAME OF CHILD Helena Tanner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	other (To be answered only in event of plural births)	one	Yes	Oct 27 1912

FATHER

FULL NAME Thomas George Tanner

RESIDENCE Clawson, Idaho

COLOR Colored AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Salt Lake City, Utah

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Mary Taggroan

RESIDENCE Clawson, Idaho

COLOR Colored AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Rigby, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive but feeble (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 6 1913

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-5-15-12

Amended 4-15-57 Amended 10/12/70

PLACE OF BIRTH

685-209-010-368

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. R. F. D. 4 St.

Registration District No. 73 File No. 17313

Hospital

Primary Registration District No. 2150 Registered No. 243

FULL NAME OF CHILD Harry Wiese
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male			Yes	Sept. 9, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Herman Wiese	FULL MAIDEN NAME	Anna Loyal
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:00 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) C. M. Cline

Physician
(Physician or midwife)

Address Idaho Falls

Filed 10-1-13 192.. Wm. Kincaid
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 17313

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weise (Name on Original Certificate) who was born (Was Born or Died) on 9-9-13 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Dr. Bible and church record (Bible Record, Insurance Policy, Etc.) prepared on Dec. 22, 1942 (Give Date), are:
#396167 Viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Weise	Harry Wiese
Father's Last Name	Weise	Wiese

Subscribed and sworn to before me this 13th day of March, 1957

Anna M Lahr
Notary Public, residing at Idaho Falls Idaho
My commission expires 6-1-59
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March, 1957

Anna M Lahr
Notary Public, residing at Idaho Falls Idaho
My commission expires 6-1-59
(Seal)

Signed Anna M. Wiese
(Signature of Any Credible Person)

R. 1, Ririe, Idaho
(Street Address, City, State)

FORM DPH 55.155

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 9 - 1970
Vital Statistics

State of Idaho
County of Jefferson } ss.

Certificate No. 17313

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harry Wiese (Name on Original Certificate) who was born (Was Born or Died) on Sept. 10, 1913 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared prior to Sept 9 1921 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	September 10, 1913	September 9, 1913

Subscribed and sworn to before me this 29th day of August 1970

Notary Public, residing at Idaho Falls Idaho
My commission expires 9-19-71
(Seal)

Signed Naomi Wiese
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August 1970

Notary Public, residing at Idaho Falls Idaho
My commission expires 9-19-71
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible] Idaho Falls Idaho
(Street Address, City, State)

Record from Garfield Ward Record of Members gives the following information Harry Wiese was born Sept. 9, 1913 at Idaho Falls, IDaho to Herman and Anna Loyall. Dated August 29, 1957. Signed by Lorin P. Mickelsen, Bishop. Viewed by V. S.

OCT 1 1970

Insurance Policy from Beneficial Life Insurance Company gives name as Harry Wiese date of birth as Sept. 9, 1913 at Idaho Falls, Idaho. Age(nearest birthday) 29. Dated Dec. 22, 1942. Viewed by V. S.

289-202
029-697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

County of Latah

City of Pottatch, P.O.

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 17315

Primary Registration District No. 2145 Registered No. .....

FULL NAME OF CHILD Victoria Anna Byrski

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	10 (Month) — 2 (Day) — 1913 (Year)

	FATHER		MOTHER
FULL NAME	Martin Byrski	FULL MAIDEN NAME	Carline Figura
RESIDENCE	Pottatch, P.O.	RESIDENCE	Pottatch, P.O. Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Poland	BIRTHPLACE	Poland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ida M. LePard

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Pottatch Ida.

Filed Oct. 15th 1913. D. J. W. Thompson Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO

[illegible] Vital Statistics

CATE OF BIRTH

File No.....

Registered No.....

314-102-029-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Potlatch

No. 825, Pine St.

Hospital —

Form V. S. No. 11-C—10m-8-7-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 65. File No. 17316

Primary Registration District No. 2145. Registered No.

FULL NAME OF CHILD Louie Jensen Lauritzen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	\	\	yes	Oct 2, 1913

FATHER		MOTHER	
FULL NAME	P. J Lauritzen	FULL MAIDEN NAME	Nellie J Sloane
RESIDENCE	825 Pine Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Germany	BIRTHPLACE	Iowa
OCCUPATION	Mill hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest J Stein MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address 203 Palouse Wash

Dr. J.W. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BOOKS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

238-119-029-915

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ....., ... St.

Hospital .....

Registration District No. 65.

File No. 17317

Primary Registration District No. 2145.

Registered No. .....

FULL NAME OF CHILD Raymond. Kenneth. Schedin.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
male.	✓		✓	yes.	Oct. (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alfred. Schedin.	FULL MAIDEN NAME	Mable. Panke
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White. AGE AT LAST BIRTHDAY 28. (Years)	COLOR	White. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho.
OCCUPATION	Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 M

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J.W. Thompson

M D

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed Oct. 26th 1913. Dr. J.W. Thompson

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1 1942

745-205-029-336

PLACE OF BIRTH

Form V. S. No. 11—10

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

No. ....., ... St.

Hospital .....

Registration District No. 65.

File No. 17318

Primary Registration District No. 2145.

Registered No. .....

FULL NAME OF CHILD Mildred. Lucile. Gunderson.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female.	✓		✓	yes.	Oct. (Month) 5th (Day), 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest. Gunderson.	FULL MAIDEN NAME	Elizabeth. Clarson.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	28. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Minnesota.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson

M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19....

Address Potlatch

Filed Oct. 31 1913 Dr. J. W. Thompson

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

715-46-029-269

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-18

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Princeton

Registration District No. 65 File No. 17319

No. ____ St.

Primary Registration District No. 2145 Registered No. ____

Hospital ____

FULL NAME OF CHILD Arthur Bankey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	Oct 16 1913

FATHER		MOTHER	
FULL NAME	Walter B. Bankey	FULL MAIDEN NAME	Jessie Bonnallie
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Washington	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. W. Cook

M.D. (Physician or Midwife)

Address Princeton Idaho

Given name added from a supplemental report

..... 19.....

Filed Oct. 21st 1913 Dr. J.W. Thompson Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1943

Amended 5/12/69

455-114-025-145

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17320
Local Reg. No.
Reg. Dist. No. 65

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Princeton

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Princeton

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edward b. (Middle): Theodore c. (Last): Denison

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Januanry 14, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Franklin b. (Middle): I. c. (Last): Denison

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wash.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Jessie b. (Middle): c. (Last): Juett

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): England

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. W. Cook

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Princeton, Idaho

20. DATE SIGNED: Oct. 21, 1913

21. DATE REC'D BY LOCAL REG.: Oct. 21, 1913

22. REGISTRAR'S SIGNATURE: Dr. J. H. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER

RACE OR COLOR OF MOTHER

METHOD OF DELIVERY

Was 1% Silver Nitrate Used to prevent blincness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
APR 1 81969
Bureau of Vital Statistics

Certificate No. 17320

Date Filed .....

The undersigned does solemnly swear that certain facts on this certificate of Birth (Birth or Death)
for Edward Theodore Dennison (Name on Original Certificate) who was born (Was Born or Died) on May 14, 1913 (Date of Event)
in Princeton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Denison Genealogy Page 269 (Bible Record, Insurance Policy, Etc.) prepared on copy wright 1963. by the Denison Society Inc. (Give Date) Mystic, Conn. are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Edward Theodore Dennison	Edward Theodore Denison
Child's Birthdate	May 14, 1913	January 14, 1913
Father's Name	Frank I. Dennison	Franklin I. Denison

Subscribed and sworn to before me this 16th day of April, 19 69

Notary Public, residing at Potlatch, Idaho
My commission expires 11-13-70
(Seal)

Signed Earl Thomas Dennison (see back)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 7-2-68. one copy pd.

Honorable Discharge Papers give name as Edward Theodore Denison. Dated Sept. 28, 1945. SepCO, Camp Joseph H. Pendleton, MT&RC,SDA. Signed by Michael Hogan, Captain, USMC Cammanding. Viewed by V. S.

Discharge papers give date od birth as January 14, 1913. in Princeton, Idaho. Dated Sept. 28, 1945. Viewed by V. S.

Personnel Application Recordfrom Potlatch gives name as Edward T. Denison. Gives birth date as January 14, 1913. Dated 8/21/50. Viewed by V. S.

Items	From	To
Father's Birthplace	Wash.	Cheney, Washington
Mother's Birthplace	England	London, England

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]TH

[redacted]ho

1934

City of Westlake

693-126-025-249

No. ..... St.

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 16

Hospital .....

FULL NAME OF CHILD Douglas Jemul Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M Williams	Elsie Smith
RESIDENCE	Westlake Idaho	Westlake Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	21
BIRTHPLACE	Cora Idaho	Jentryville Mis
OCCUPATION	Laborer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish MD

(Physician or midwife)

Address Ilo Idaho.

Given names added from a supplemental report

..... 19.....

Filed Oct 29 1913 H C Parrish

Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

605-121-031-945

Amended 12-3-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17322
Local Reg. No. 15
Reg. Dist. No. 50

1. PLACE OF BIRTH
a. COUNTY: Lewis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ilo
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ilo
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Irvin
b. (Middle): Lee
c. (Last): Wheat

4. SEX: Male
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): October 21, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): E.
c. (Last): Wheat

8. AGE (At time of this birth): 30 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Iowa
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Della
b. (Middle): Lee
c. (Last): Imel

13. AGE (At time of this birth): 25 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Kansas
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. C. Parrish
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Ilo, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: October 29, 1913
22. REGISTRAR'S SIGNATURE: H. C. Parrish
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS.
Was a standard serological test for syphillis performed? Yes ____ No ____
Approximate date ____

INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the RAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mur cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 6 1964
Bureau of Vital Statistics

State of Idaho } ss.
County of Payette

Certificate No. 17322

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Irwin Lee Wheat (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1913 (Date of Event)
in Ilo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Irwin Lee Wheat	Irvin Jack Lee Wheat
	first name of child to be corrected only	
	10-14-64.	

Subscribed and sworn to before me this 12th day of September, 19 64

Notary Public, residing at Payette, Idaho
My commission expires 10 March 1968
(Seal)

Signed Mrs. Della Wheat
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1215 No. 7th Ave., Payette, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of September, 19 64

Notary Public, residing at Auburn, Washington
My commission expires August 31, 1965
(Seal)

Signed Eduardo De Coria
(Signature of Any Credible Person)

107 N St. S. E, Auburn, Washington
(Street Address, City, State)

FORM DH 60-155

CL 8-17-64. ~~THR~~ one copy pd. rec. #5228.

Own Child's Birth Cert. on file: (Idaho Birth) #223883 gives full name of father as Irvin Lee Wheat - viewed by V.S.

Certified copy of Selective Service Registration Card, Washington State Headquarters, Tacoma, Washington, gives name as Irvin Lee Wheat, born October 21, 1913, at Nez Perce. Date of Registration - October 16, 1940, signed by T. A. Pelissier, Registrar. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17323

County of Lewis

City of Mohler

No 365-210-031-234, St.

Registration District No. 50 File No.

Hospital

Primary Registration District No. 2129 Registered No. 14

FULL NAME OF CHILD Unnamed Martha Lee Longeteig

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		yes	Oct 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hans W Longeteig	FULL MAIDEN NAME	Dora Francis Stump
RESIDENCE	Mohler Idaho	RESIDENCE	Mohler Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:25 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Ilo Idaho

Filed Oct 12 1913 H. C. Parrish

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

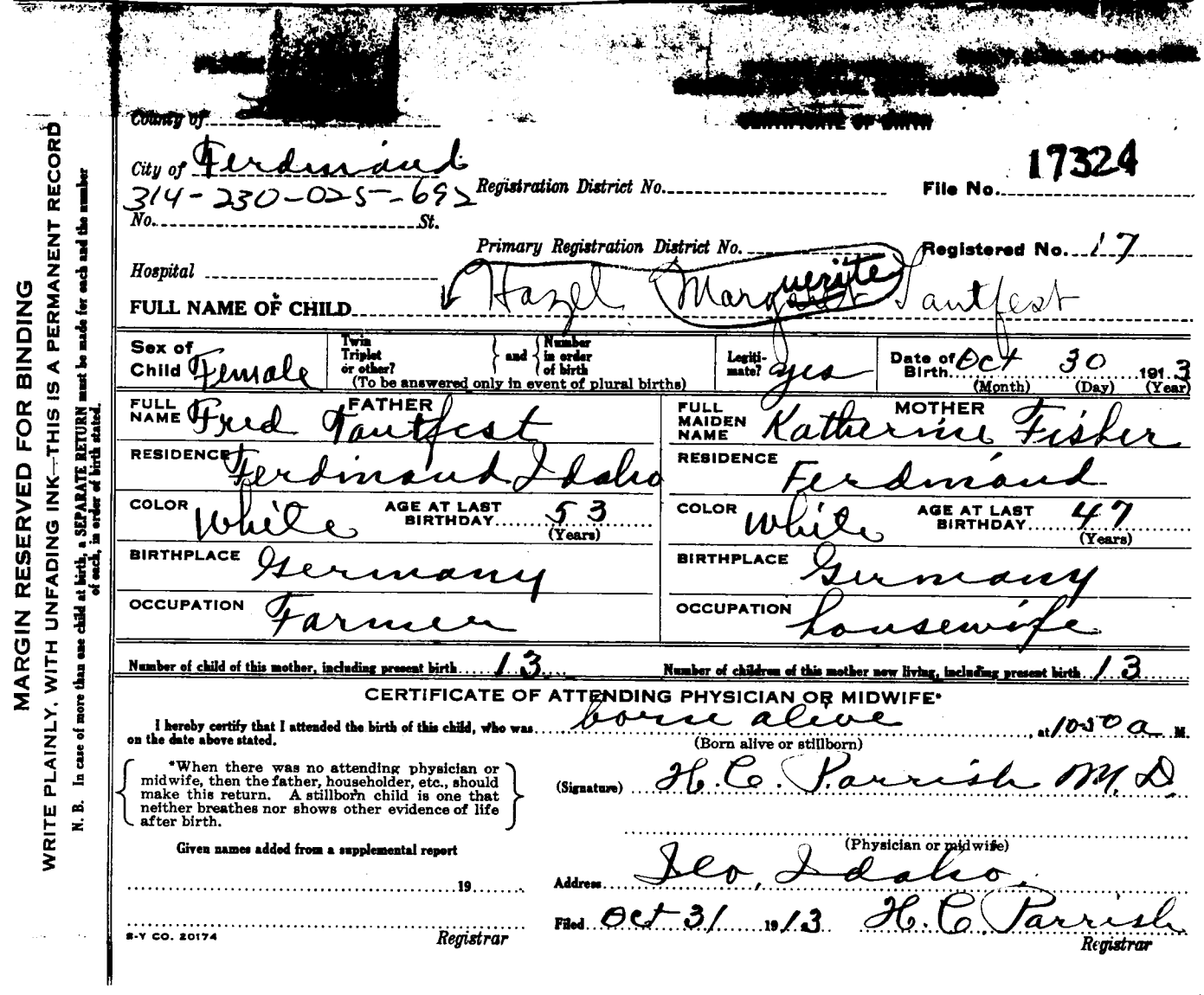
MAR 2 1 1944

MAR 2 3 1944

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of [redacted]

City of Ferdinand

No. 314-230-025-692 St.

Registration District No. _____ File No. 17324

Primary Registration District No. _____ Registered No. 17

Hospital _____

FULL NAME OF CHILD Hazel Marguerite Tautfest

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Tautfest	FULL MAIDEN NAME	Katherine Fisher
RESIDENCE	Ferdinand Idaho	RESIDENCE	Ferdinand
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Ilo, Idaho

Filed Oct 31 1913 H. C. Parrish

Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-0—

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE

cc 3/4/41 rmf

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of 6 mi N.W. of Boise on Registration District No. 10th File No.

No. Valley Road - Near St Pierce School

238-125-001-452 Primary Registration District No. ~~10~~ 2002 Registered No. 16

Hospital

FULL NAME OF CHILD KENNETH ADAM SCHMITZ

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes	Sept 25th 1913 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. G. Schmitz	FULL MAIDEN NAME	Cora M. Messelheiser
RESIDENCE	Valley Road	RESIDENCE	Valley Road
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Boise, Idaho

, 19

Filed Oct 19 L. B. Harris

Registrar

Registrar

S-Y CO., 16670

[redacted]

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT [illegible]END AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 17525
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Schmitz (Name on original certificate) who was born (Was born or died) on Sept. 25, 1913 (Date of event)
in Boise, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by insurance policy (Bible record, insurance policy, etc.) prepared on January 18, 1929 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Schmitz	Kenneth Adam Schmitz

Subscribed and sworn to before me this 5th
day of December, 19 41.
Marguerite Adam
Notary Public, residing at Portland, Oregon
My commission expires August 14, 1944.
[SEAL]

Signed Cora Schmitz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2135 N.W. Lovejoy St Portland Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of December, 19 41.
Marguerite Adam
Notary Public, residing at Portland, Oregon
My commission expires August 14, 1944.
[SEAL]

Signed R. W. Schmitz
(Signature of any credible person other than the previous affiant.)
(Older brother)
2135 NW Lovejoy St., Portland, Ore.
(Street Address, City, State)

Received for filing on [illegible] 8 By
(Registrar's signature)

JUN 1975

MARGIN RE[illegible] FOR BINDING

WRITE PLAINLY. WITH UNFA[illegible] THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a [illegible] RETURN must be made for each and the number of each, in [illegible] of birth stated

City of Eagle Registration District No. 10th File No. 17326

No. ..... St.

869-123-001-217 Primary Registration District No. 2002 Registered No. 10

Hospital .....

FULL NAME OF CHILD O. J. Hornback

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	yes	Oct (Month) 23rd (Day) 19[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	O. J. Hornback	FULL MAIDEN NAME	Lily May Saxton
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	White	COLOR	White
BIRTHPLACE	Nebraska	BIRTHPLACE	Michigan
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor, M.D. (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed Nov. 1 1913 L. B. Harris Registrar

S-Y CO., 16670

Registrar

STATE OF [illegible]

[illegible] of [illegible] Statistics

[illegible] OF [illegible]

JUL 6 1942

COLOR	AGE AT LAST BIRTHDAY		
BIRTHPLACE			

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls

City of 6S.4W.P

Registration District No. 39

File No. 17327

No. 791-225-042-466

Primary Registration District No. 3087

Registered No.

Hospital

FULL NAME OF CHILD Thelma Low Grant

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Oct 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	I.E.Grant	FULL MAIDEN NAME	Della Moore
RESIDENCE	6S.4W.Buhl	RESIDENCE	sme
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 a.m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M.D. (Physician or midwife)

Given names added from a supplemental report.

Address Buhl Ida

19

Filed 10-30 1913

J. T. Murphy Registrar

Registrar

S-Y CO. 24655

MAR 15 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the numbers of each, in order of birth stated.

Form V. S. [illegible]

[illegible] DAHO
[illegible] STATISTICS
[illegible] BIRTH

County of [illegible]

City of Buhl

No. 697-127-042-285 St.

Registration District No. 39 File No. 17328

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Gerald R Orgord

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	twin	2	yes	Oct 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Maurice B. Orgord	FULL MAIDEN NAME	Alberta Sherman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mass	BIRTHPLACE	S. Dak.
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida

Filed 10-28 1913 J. T. Murphy Registrar

Registrar

P-T CO. 20174

FEB 2 5 1975

697-127-042-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Registration District No. 36 File No. 17329

Primary Registration District No. 2087 Registered No. ____

Hospital ____

FULL NAME OF CHILD Glenn T Osgood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	1	yes	Oct. 27 1913

FATHER		MOTHER	
FULL NAME	Maurice B. Osgood	FULL MAIDEN NAME	Alberta Sherman
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mass.	BIRTHPLACE	S. Dak
OCCUPATION	Merchant	OCCUPATION	Housework

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

(Signature) Chas Wetherbee

(Physician or midwife)

Address Buhl

Filed 10-28 1913 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....19....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

719-122-042-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39. File No. 17330

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Thomas Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas B. Parks	FULL MAIDEN NAME	Beatrice Miller
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Col.	BIRTHPLACE	Neb.
OCCUPATION	Salesman implement	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wethuber M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida.

Filed 10-28 1913 J. Humphrey Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PARKS

Dupe of 1913-3341612

249-220-042-577

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 17331

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Lena Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	E.L.Smith	FULL MAIDEN NAME	Della Eggman
RESIDENCE	Buhl	RESIDENCE	same
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Tex.	BIRTHPLACE	Ark
OCCUPATION	Laboror	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.25 a.m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... *Registrar*

(Signature) J. T. Murphy M.D.

(Physician or midwife)

Address Buhl Ida

Filed 10-20 1913 J. T. Murphy *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Castleford

No. 335-118-042-432 St.

Registration District No. 39

File No. 17332

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD EDWARD DAVID CLEMENT

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Oct. 18 (Month) 1917 (Day) (Year)

	FATHER		MOTHER
FULL NAME	Geo.H.Clement	FULL MAIDEN NAME	Pearl Mc.Bride
RESIDENCE	Castleford	RESIDENCE	same
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Cleveland O.	BIRTHPLACE	Rushville Neb
OCCUPATION	Telephone Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 10-20 1913

J. T. Murphy
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 17332

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for George H Clement Jr. who born on Oct. 18, 1913
(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event)
in Castleford, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by affidavit of attendant at birth prepared on March 20, 1942, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Geo. H. Clement, Jr.	Edward David Clement

Subscribed and sworn to before me this 20th day of March, 1942

Ethel B. Tyler
Notary Public, residing at Beaware Nev.

My commission expires 1/21/45
(Seal)

Signed Blanche Symms
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Eureka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of March, 1942

Ethel B. Tyler
Notary Public, residing at Beaware Nev. Beaware, Nev.

My commission expires 1/21/45
(Seal)

Signed J. M. Smithwick
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

PLACE OF BIRTH

City of Twin Falls

County of Buhl

295-107-042-964

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 39 File No. 17333

Primary Registration District No. 2-087 Registered No. .....

FULL NAME OF CHILD ~~Earnest Hood~~ ERNEST ALONZO KING

Sex of Child: M. | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: 10 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	M. A. King	FULL MAIDEN NAME	Mary C. Rodgers
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Int Liberty Dept	OCCUPATION	Columbus Hotel

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.

(Physician or midwife)

Address Buhl Ida

Filed 10-10 1913 J. T. Brumley Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grays Harbor }

Certificate No. 17333

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Earnest King (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on October 7, 1913 (DATE OF EVENT) in Buhl Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Earnest	~~Earnest King~~ Ernest Alonzo King

Subscribed and sworn to before me this 29th day of January, 19 43.

Notary Public, residing at Montesano

My commission expires Feb 11, 1947

(SEAL)

Signed Mrs. May E. King

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt 1 Box 595 D Montesano Wash.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grays Harbor }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of January, 19 43.

Notary Public, residing at Montesano

My commission expires Feb 11, 1947

(SEAL)

Signed Mrs. May E. King

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Rt 1 Box 595 D Montesano Wash.

(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1943 By .....

(REGISTRAR'S SIGNATURE)

FEB 5 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. B. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. 469-202-042-246 St.

Registration District No. 39

File No. 17334

Primary Registration District No. 2087

Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	10 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	L H Morris	FULL MAIDEN NAME	Katie Buffington
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE	Harrisburg Ore	BIRTHPLACE	Independence Ore
OCCUPATION	Mechanist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:35 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address Buhl Ida

Filed 10-10 1913

J. T. Humphrey
Registrar

S-Y CO. 24655

PLACE OF

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Snohomish

Certificate No. 17334

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Morris (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27 1913 (Date of Event) in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by x x x (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elizabeth X. Morris

Subscribed and sworn to before me this 29 day of July, 1975

Notary Public, residing at Everett, Wa

My commission expires 6-5-76

(Seal)

Signed E. Hal Bulen Aunt age 78

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

472 Carmed Rd Salem Ore.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 1975

Notary Public, residing at Everett, Wa

My commission expires 6-5-76

(Seal)

Signed Roberta Westlund (sister)

(Signature of Any Credible Person)

1415 Hoyt Everett Wash

(Street Address, City, State)

FORM DH 60-155

CL 5/21/74 nm

AUG 6 1975

Bible record of births gives name as Elizabeth Morris born at Buhl, Idaho on Oct. 2, 1913. viewed by V. S.

Geneoloy record gives name as Morris, Elizabeth born Oc.t 2, 1913 at Buhl, Idaho. married name is Dolan, Edward. viewed by V. S.

666-207-842-6

PLACE OF BIRTH

STATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C-20

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 17335

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Leonora Alice Woodruff.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 1 1913

FATHER		MOTHER	
FULL NAME	Wm. E. Woodruff.	FULL MAIDEN NAME	Iva V. Wolfinberger
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida.

Filed 10-10 1913 J. T. Murphy Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

FEB 21 19[illegible]

469-119-035-73

PLACE OF BIRTH [redacted] E OF IDAHO

Form V. S. No. 11-C—15m-6-20

Vital Statistics

ATE OF BIRTH

County of Ner Perce

City of Melrose

Registration District No. 92

File No. 17336

No. ....., ... St.

Primary Registration District No. 2170

Registered No. 12

Hospital .....

FULL NAME OF CHILD Roy Alvin Mortimore

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	Oct. 19th 1913

FATHER		MOTHER	
FULL NAME	Oliver A. Mortimore	FULL MAIDEN NAME	Francis E. Platt
RESIDENCE	Melrose	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Wisch
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Douglass M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Gifford Ida

Filed 10-27 1913 E. E. Watts

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 11 1942

MAR 17 1960

213-[illegible]-035-[illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-[illegible]

County of Mayhew

City of Melrose

Registration District No. 92

File No. 17337

No. ____, ____ St.

Primary Registration District No. 2170

Registered No. 13

Hospital ____

FULL NAME OF CHILD Violet May Bacon

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	Oct (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas E Bacon	FULL MAIDEN NAME	Tina Kelley
RESIDENCE	Melrose	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY ____ (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] M.D.

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Gifford Ida

Filed 10-27 1913 E. E. Watts

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

NOV 28 1960

652-227-035-85-9

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-

S[illegible]IO
Bureau [illegible]
CERTIFIC[illegible]

County of Ney Perce

City of W S Gifford

Registration District No. 92

17338

No. ....., ... St.

Primary Registration District No. 2170

Registration No. 14

Hospital .....

FULL NAME OF CHILD Esther

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
F1		Yes	Oct 27

FATHER		MOTHER	
FULL NAME	Henry Weberling	FULL MAIDEN NAME	Mary Heitmans
RESIDENCE	or ne S of Gifford	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Douglass M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Gifford Ida

..... 19.....

Filed 10-27 1913 E. E. Walter

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]ACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lenore

No. 696-110-035-816 St.

Hospital

Registration District No. 92

File No. 17339

Primary Registration District No. 2170

Registered No. 15

FULL NAME OF CHILD ~~Not Named~~ Lloyd Joseph [illegible]

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	Single (To be answered only in event of plural births)	Six	yes	Oct [illegible] (Month) [illegible]

FATHER		MOTHER	
FULL NAME	Joe Frost	FULL MAIDEN NAME	Myrtle Hawk
RESIDENCE	Lenore Ida.	RESIDENCE	Lenore, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Kentucky	BIRTHPLACE	Missouri
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Herrington M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Gofford Ida.

Filed 11-1 1913 E. E. Watts

Registrar

Registrar

S-Y CO. 20174

NOV 2 1976

859 - 213-035-859

PLACE OF BIRTH

County of Nezperce

City of Lenore

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-6-15

CERTIFICATE OF BIRTH

Registration District No. 92 File No. 17340

Primary Registration District No. 2170 Registered No. 16

FULL NAME OF CHILD Name Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Girl	Single	One	yes	Oct 13th 1915 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bruce Hercy	FULL MAIDEN NAME	Mable Hercy
RESIDENCE	Lenore, Idaho	RESIDENCE	Lenore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	California	BIRTHPLACE	N. Dakota
OCCUPATION	Merchant	OCCUPATION	Home Wife

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. J. Huntington M. D.

(Physician or midwife)

Address Gifford Idaho.

Filed 11-1 1915 E. E. Watts Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N.B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

DECEASED

DUP OF 1913 - D74-0143

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

City of Hammett

No. 231-118-020-883 St.

Registration District No. [illegible]

File No. 17341

Primary Registration District No. 2021

Registered No.

Hospital

FULL NAME OF CHILD John Benton Blackwell

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single (To be answered only in event of plural births)	3	yes	Sept. 18th (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Tyman Blackwell	FULL MAIDEN NAME	Emmaline Hyland
RESIDENCE	Hammett	RESIDENCE	Hammett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept. 18th 1913 at 11 15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. J. Blackwell for Dr. Atkins

Physician
(Physician or Midwife)

Given names added from a supplemental report

Address Hammett Idaho

Filed Oct. 16th 1913 J. W. Davis

Registrar

Registrar

S-Y CO., 16670

[redacted]

PLACE OF BIRTH

FEB 25 1942

SEP 9 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Cold Springs Precinct Registration District No. 35 File No. 17342

613-210-020-897

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. ____

Hospital ____

FULL NAME OF CHILD Dorothy Eugenia Walker

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	Oct. 10 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Charles H. Walker	FULL MAIDEN NAME Anna M. Kerthert
RESIDENCE	Cold Springs Precinct	Cold Springs Precinct
COLOR	White	White
AGE AT LAST BIRTHDAY	41 (Years)	26 (Years)
BIRTHPLACE	America	America
OCCUPATION	Rancher.	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 10th 1913 at 9 a M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.D.

Physician (Physician or Midwife)

Address Glenns Ferry Idaho.

Given names added from a supplemental report

..... 19....

Filed Oct 10th 1913 J. W. Davis

Registrar

S-Y CO., 16670

Registrar

MAR 2 8 1945

655-208-022-867

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

[redacted]ICS

PLACE OF BIRTH

County of Fremont

City of Driggs.

No. ..... St.

Hospital .....

Registration District No. 77 File No. 17343

Primary Registration District No. 2176 Registered No. 35

FULL NAME OF CHILD Iris Fenn.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Oct 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Fenn	Dianna Hopkins
RESIDENCE	Kemmerer, Wyo.	Kemmerer, Wyo.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	farmer	housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. P. Crisler

Physician

(Physician or midwife)

Address Driggs, Ida.

Filed Oct 9- 1913 M. P. Crisler

Registrar

S-Y CO. 84688

APR 19 1976

219-103-022-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Driggs.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-13

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 17344

Primary Registration District No. 2176 Registered No. 34

FULL NAME OF CHILD Orrice Barnhart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes.	Oct 3 1913

FATHER

FULL NAME Ivan Barnhart

RESIDENCE Driggs.

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Louisianna

OCCUPATION Post Master

MOTHER

FULL MAIDEN NAME Alice Saunders

RESIDENCE Driggs,

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Louisianna

OCCUPATION Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was home alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) M. P. Crisler

Physician

(Physician or midwife)

Address Driggs, Ida.

Filed Oct 8 1913 M. P. Crisler

Registrar

S-Y CO. 24655

MAY 22 1970

314-208-032-291

Form V. S. No. 11-C—2m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17345

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 26

FULL NAME OF CHILD Louise Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	May 8 1919 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Campbell	FULL MAIDEN NAME	Ella L. Brausen
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	American Fork Utah	BIRTHPLACE	Odgen Utah
OCCUPATION	Farmer	OCCUPATION	house keeping

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 day time M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Jones

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Victor Idaho

Filed Oct 31 1913 M. P. Crisler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1967

619-122-022-269

Form V. S. No. 11-C--25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 17346

Primary Registration District No. 2176 Registered No. 27

FULL NAME OF CHILD Orin Dermont Wardle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
boy		yes	June (Month) 22 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	William H. Wardle	FULL MAIDEN NAME	Annie S. Sorenson
RESIDENCE	Victor	RESIDENCE	Victor
COLOR	light	COLOR	light
AGE AT LAST BIRTHDAY	April 5 1879 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	S. L. Co Utah	BIRTHPLACE	S. L. Co Utah
OCCUPATION	Farmer	OCCUPATION	housekeeping

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. M. Jones

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor, Ida.

Filed Oct 31 1913 M. P. Crisler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D55-0523

814-221-022-165

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of Victor

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17347

Registration District No. 77 File No.

Primary Registration District No. 2176 Registered No. 28

FULL NAME OF CHILD Letah Mary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Sep 21st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Haines Hamblin	FULL MAIDEN NAME	Mary Eveline Jones
RESIDENCE	Fremont Co Victor, Idaho	RESIDENCE	Victor Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Clover Valley Lincoln Co Neo.	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

Midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor, Fremont Co Ida

Filed Oct 31 1913 M. P. Crisler
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

254-126-022-766

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17348

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. .....

Primary Registration District No. 2176 Registered No. 29

FULL NAME OF CHILD Chester Beddes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Feb (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Coal Beddes	FULL MAIDEN NAME	Mary Powell
RESIDENCE	Victor Ida.	RESIDENCE	Victor Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	~~35~~ 35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Cash Valley Utah	BIRTHPLACE	Clifton Utah
OCCUPATION	Farmer	OCCUPATION	house keeping

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Victor Fremont Co. Ida.

Filed Oct 31 1913 M. P. Cissler Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1945

254-125-022-[illegible]

Form V. S. No. 11-C—25m-1-1-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. 17349

Primary Registration District No. 2176 Registered No. 30

FULL NAME OF CHILD James Hyrum Bedds

Sex of Child	Twin, Triplet or other? (To be [illegible] only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Aug. 25 1913

FATHER

FULL NAME: Heber Booth Bedds

RESIDENCE: Victor Ida.

COLOR: white AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Bear Valley Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Amanda Jones

RESIDENCE: Victor Ida.

COLOR: white AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Cannonville Utah.

OCCUPATION: house keeper

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

.....
Registrar

(Signature) Susan M. Jones
midwife
(Physician or midwife)

Address Victor Fremont Co. Ida.

Filed Oct 31 1913 M. O. Crisler
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

659-108-022-314

Form V. S. No. 11-C—25m-1-1-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

Registration District No. 77 File No. 17350

Primary Registration District No. 2176 Registered No. 31

FULL NAME OF CHILD James Lester Ferguson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	May 8 1913

FATHER		MOTHER	
FULL NAME	John S. Ferguson	FULL MAIDEN NAME	Rebena Campbell
RESIDENCE	Victor Ida	RESIDENCE	Victor Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Sanpete Co Utah
OCCUPATION	Farmer	OCCUPATION	house keeper

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

midwife
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Victor Idaho

Filed Oct. 31 1913 M P. Crisler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

Amended 5-25-61

PLACE OF BIRTH

-295-21-022-783

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Registration District No. 77 File No. 17351

Hospital ..... Primary Registration District No. 2176 Registered No. 32

FULL NAME OF CHILD Georgia Lanore Sinclair
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Aug. 14, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Jesse Sinclair	FULL MAIDEN NAME: Ellen Pitts
RESIDENCE: Victor, Idaho	RESIDENCE: Victor, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Susan M. Jones

Midwife
(Physician or midwife)

Address Victor, Idaho

Filed Oct. 31, 1913 M.P. Crisler
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on ~~back~~ -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss. Certificate No. 17351

County of Teton } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Georgia Lanoir Sinclair (Name on Original Certificate) who was born (Was Born or Died) on Aug. 14, 1913 (Date of Event)

in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by High School Report Mother's Family Record (Bible Record, Insurance Policy, Etc.) prepared on Various dates (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Georgia Lanoir Sinclair	Georgia Lanore Sinclair
Father's Name	Jessie Sinclair	Jesse Sinclair
Mother's Maiden Name	Nettie	Ellen Pitts

Subscribed and sworn to before me this 4 day of May, 1961

Lynn S. Kearley

Notary Public, residing at Victor, Idaho

My commission expires Feb 21, 1963

(Seal)

Signed Leona Jessie Sinclair Hamel X

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Victor

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of May, 1961

[illegible]

Notary Public, residing at Idaho Falls, Idaho

My commission expires 8-15-62

(Seal)

Signed [illegible] Nelson

(Signature of Any Credible Person) Victor

3144 E. Lincoln

(Street Address, City, State)

Idaho Fal. 2, Idaho

FORM DH 60-155 CL 4-27-61. one copy pd. receipt #15280.

correcting spelling of child's middle name -

Family Record Book - appears old and unaltered lists two of the following items - child's full name as Georgia Lanore Sinclair, born Aug. 14, 1913 and mother-Ellen Pitts left England May 18, 1888 and arrived in U.D.S. on June 4, 1888 - items viewed by V.S.

High School Report Card, school years of 1929-30 gives full name of student as G. Lanore Sinclair - viewed by V.S. Father has signed the report card as Jesse Sinclair - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #59075 gives full name of father as Jesse Sinclair - viewed by V.S. Father's Birthplace is given as Utah.

Mother's Death Certificate on file: (Idaho Death) #49-4392 gives full name as Ellen Pitts Sinclair, born Sept. 12, 1876 at Leeds, Yorkshire, England to Joseph Pitts and Ellen Jakeman - Sinclair is married name - viewed by V.S.

857-228-022-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 77 File No. 17352

Primary Registration District No. 2176 Registered No. 35

FULL NAME OF CHILD Margaret Headrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl				yes	Sept 28 1913

FATHER

FULL NAME Charles W. Headrick

RESIDENCE Driggs, Ida.

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rilla Hill

RESIDENCE Driggs, Ida.

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housekeeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3-15-a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler, M.D.
Physician
(Physician or midwife)

Address Driggs, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Oct. 4 - 1913

M. P. Crisler
Registrar

8-Y CO. 24698

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE [illegible]

[illegible] V. S. No. [illegible]

County of Boise

City of Quartzburg

No. 449-201-008-86

Registration District No. 12 File No. 17353

Primary Registration District No. 2019 Registered No. 34

Hospital

FULL NAME OF CHILD Julia May Murnane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 1, 1913

FATHER		MOTHER	
FULL NAME	Michael P. Murane	FULL MAIDEN NAME	Anna Esther Van Horton
RESIDENCE	Quartzburg	RESIDENCE	Quartzburg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Placerville Idaho

..... 19.....

Filed Nov 1913 Mrs May Fitz Deputy Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

City of Placerville

No. 361-130-008-864 St.

Registration District No. 12

File No. 17354

Primary Registration District No. 2019

Registered No. 31

Hospital

FULL NAME OF CHILD William James Coates.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Oct 30 1913

FATHER		MOTHER	
FULL NAME	Grant Robert Coates	FULL MAIDEN NAME	Emma Irene Youren
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Cook.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. G. Fitz

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Placerville Idaho

, 19

Filed Nov 1913 May Fitz. Deputy Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Latah

City of Juliaetta

No. 235-130-029-555 St.

Registration District No.

File No. 17355

Primary Registration District No. 2148

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes.	Oct (Month) 30 (Day) 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John A. Stevens	FULL MAIDEN NAME	Elsie R. Needham
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta, Ida.
COLOR	White. AGE AT LAST BIRTHDAY 35 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Juliaetta Ida.

Filed Oct 31 1913

S. A. Roe
Registrar

Registrar

S-Y CO. 20174

SEP 11 1970

258-224-025-735

Form V. S. No. 11-C—30m-8-15

PLACE OF BIRTH

County of Latah

City of Juliaetta

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 17356

Primary Registration District No. 2148 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—		—	Yes	Oct 24 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Seymour	FULL MAIDEN NAME	Nannie Glenn
RESIDENCE	Juliaetta, Ida.	RESIDENCE	Juliaetta Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Nor. Car.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) La Rae M.D.

(Physician or midwife)

Address Juliaetta Ida

Given names added from a supplemental report

..... 19.....

Filed Oct 25 1913

La Rae
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JAN 16 1976

168-119-016-384

PLACE OF BIRTH

STATE OF IDAH[redacted] No. 11-C—30m-2-15-12

BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BI[redacted]

County of Cassia

City of _____ Registration District No. _____ File No. 17357

No. _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Frederick Lynn Johnston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	10 — 19 — 1913

FATHER		MOTHER	
FULL NAME	Fred Johnston	FULL MAIDEN NAME	Isadora Lynnan
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 07 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

None given 19

Registrar

Filed 10. 11. 1913 E E Oldham

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DEC 22 1942

PLACE OF BIRTH

County of

DEC 31 1952

255-223-016-842

Form V. S. No. 11-C—20m-2-15-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No.

File No. 17358

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Virga Severe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	10 (Month) 23 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Carlos Severe	FULL MAIDEN NAME	Myrtle Ida Husatto
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Given names added from a supplemental report

Nov 1 19

Given

Registrar

Address Oakley Idaho

Filed 11-11 1913

E P Oldham

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 30 1908

391-121-016-445

Form V. S. No. 11-C—20m-2-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of

No. St.

Hospital

Registration District No.

File No. 17359

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Ariel Oliver Cranney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	yes	10 (Month) - 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilbur T. Cranney	FULL MAIDEN NAME	Rose Munk
RESIDENCE	Marion	RESIDENCE	Marion.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth X

Number of children of this mother now living, including present birth IX

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 53 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Olohan MD
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

None given 19

Filed 11-11 1913

E. P. Olohan
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 317450

864-226-044-258

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE OF [redacted]

Registration District No. 88 File No. 17360

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	3	Yes	Oct (Month) 26 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Younge	FULL MAIDEN NAME	Anna Seye
RESIDENCE	Cambridge	RESIDENCE	Cambridge Idn
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oklahoma
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idn

Filed Nov 1 1913 C E Schmitz Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

757-108-002-813

PLACE OF BIRTH

Form V. S. No. 11 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley

No. ..... St.

Hospital .....

Registration District No. 88 File No. 17361

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		6	Yes	Nov. (Month) 8 (Day) 1913. (Year)

FATHER		MOTHER	
FULL NAME	Dan Gephart	FULL MAIDEN NAME	Flossie B Hallsworth
RESIDENCE	Dallas Oregon	RESIDENCE	Dallas Oregon
COLOR	W	AGE AT LAST BIRTHDAY (Years)	52
BIRTHPLACE	Oklahoma	COLOR	W
OCCUPATION	Lumberman	AGE AT LAST BIRTHDAY (Years)	36
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. O. Schmuntz M D

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 14 1913 P. O. Schmuntz Registrar

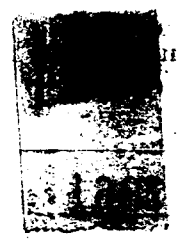
..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 8 1971

315 - 208-044 789

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATIST[illegible]

CERTIFICATE OF BIRTH

Registration District No. 88 File N[illegible] 1302

Primary Registration District No. 2164 Registration N[illegible]

FULL NAME OF CHILD GENEVIEVE ELVOON LAVENDER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	Nov 8 1913

FATHER		MOTHER	
FULL NAME	Merritt Lavender	FULL MAIDEN NAME	Cora A Price
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Baker City Ore.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M D

(Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 8 1913 C E Schmuck Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NOV 19 1951

312-230
044-419

PLACE OF BIRTH

County of Wash

City of Cambridge

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

...O
...ATISTICS
...TH

Registration District No. 50

File No. 17363

Primary Registration District No. 2164

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F M		yes	Oct 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer W Cable	FULL MAIDEN NAME	Glenola Martin
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MW (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Eda

Filed Nov 1 1913 C E Schmitz Registrar

Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

FEB 6 1973

367-218-029-662

Form V. S. No. 11-C—25m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17364

[redacted] OF BIRTH

Latah

City of Helmer

Registration District No. 2147 File No.

No. St.

Primary Registration District No. 67 Registered No.

Hospital

FULL NAME OF CHILD Goldie Alma Eleanor Cox

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Oct 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James R. Cox	FULL MAIDEN NAME	Mabel Fosberg
RESIDENCE	Helmer	RESIDENCE	Helmer
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wash.
OCCUPATION	laborer	OCCUPATION	H.W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician

(Physician or midwife)

Given names added from a supplemental report.

19

Address Deary

Filed 10/18 1913 P. C. Faust

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1975

455-220-029-819

Form V. S. No. 11-C—25m-1-1-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 17365

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Josephine Drury

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	(To be answered only in event of plural births)			Yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	George C. Drury	FULL MAIDEN NAME	Lillie Harrison
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Kas.
OCCUPATION	Farmer.	OCCUPATION	H.W.

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L. R. Harrison

midwife
(Physician or midwife)

Address Deary

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10/20 1913 Alex Faust
Registrar

8-Y CO. 24655

APR 3 1974

413-221-029-386

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 17366

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Loraine Adelaide Dalberg

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Oct. 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis P. Dalberg	FULL MAIDEN NAME	Ida Thompson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Minn.
OCCUPATION	merchant	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Deary

Filed 10/22 1913 P. C. Faust
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-225-0

Form V. [illegible]

[illegible] BIRTH

[illegible] ...ce.

[illegible] ...desac.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 17367

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD GLADYS MARGARET Daley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	10 (Month) 25 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Daley	FULL MAIDEN NAME	Fay Davis
RESIDENCE	Culdesac Ida	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11.00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Laprai Ida

Filed Oct. 25 1913 John N. Alley
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 3 1964

546-124-035-762

PLACE OF BIRTH

County of Bear Lake

City of Webb

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 97 File No. 17368

Primary Registration District No. 2174 Registered No.

FULL NAME OF CHILD MAURICE AUGUST EDWARDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	10-24-13

	FATHER	MOTHER
FULL NAME	Louis Edwards.	FULL MAIDEN NAME Estes Goose
RESIDENCE	Webb. Ida.	Webb. Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	25
BIRTHPLACE	Minn.	Minn.
OCCUPATION	Merchant	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M.D.

(Physician or midwife)

Address Lapwai Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct. 25 1913 John N. Alley

Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of NEZ PERCE } ss.

Certificate No. 17368

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MAURICE AUGUST EDWARDS (Name on Original Certificate) who WAS BORN (Was Born or Died) on OCTOBER 24-1913 (Date of Event)
in WEBB, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on OCTOBER 24-1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Edwards	Maurice August Edwards

Subscribed and sworn to before me this 2nd day of April, 1943

C. P. Hinsle

Notary Public, residing at Lewiston Idaho

My commission expires 2-10-1945
(Seal)

Signed Esther A. Edwards
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. 2. Lewiston, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Nez Perce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 2nd day of April, 1943

C. P. Hinsle

Notary Public, residing at Lewiston, Idaho

My commission expires 2-10-1945
(Seal)

Signed Mary A. Wheatcroft
(Signature of Any Credible Person Other Than Previous Year)

C-10-3rd-ave, Lewiston, Idaho
(Street Address, City, State)

APR 28 1944

MAY 17 1976

295-208-[illegible]-659

PLACE OF BIRTH

County of Nez Perce

City of Webb

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Not Given~~ RUBY MAE ~~King~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form [illegible] 20m-2-15-12

Registration District No. 97

File No. 17369

Primary Registration District No. 2174

Registered No. .....

Sex of Child: F.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth 10 (Month) 8th (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles King	FULL MAIDEN NAME	Eva Ferguson
RESIDENCE	Webb. Ida.	RESIDENCE	Webb. Ida.
COLOR	White AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Oregon.
OCCUPATION	Blacksmith.	OCCUPATION	housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive ~~[illegible]~~ (Born alive or stillborn) at 11.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lapwai. Ida

Filed Oct 20 1913. John N. Alley. Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form P.S.No.1
STICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 17369
County of Kern } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ruby Mae King (Name on Original Certificate) who was born (Was Born or Died) on Oct 8. 1913 (Date of Event) in Jackspur Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on [illegible] (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ruby Mae King

Subscribed and sworn to before me this 21st day of October, 1942

Signed Mrs Mae Stephens
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Lost Hills Calif

My commission expires Feb. 14-1944 (Seal)

Lost Hills Calif (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of October, 1942

Signed Mrs. Glynne Matthews
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Lost Hills Calif

My commission expires Feb 14-1944 (Seal)

Lost Hills Calif (Street Address, City, State)

NOV 2 1942

533-
035-

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of [illegible]

City of Lapwai

No. ....., ... St.

Hospital .....

Registration District No. 97 File No. 17370

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD Margaret Jean Elliot

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	yes	Oct. (Month) 7 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Elliot	FULL MAIDEN NAME	Wray - Victoria Land -
RESIDENCE	Lapwai -	RESIDENCE	Lapwai -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Farmer -	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley, MD.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lapwai - Idaho

Filed October 20 1913 John N. Alley
Registrar

Registrar

SVMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

FEB 18 1955

466-
202-
024-38

Form V. S. No. 11-C—60m-2-15-12

P[redacted]RTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]ding

City of [redacted]dell

Registration District No. 22th

File No. 17371

No. — St.

Primary Registration District No. 2018

Registered No.

Hospital —

FULL NAME OF CHILD Winfred Moore

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	—	4	Yes	10 (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas Moore	FULL MAIDEN NAME	Winfred Chapman
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12' M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell

Filed Oct 30 1913 H E Lamb Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 26 1965

255-219-024-792

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 2218 **File No.** 17372

No. ..... *St.*

Primary Registration District No. 2018 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Vera Keeler ---Keeler---

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	7	yes	11 (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John B Keeler	FULL MAIDEN NAME	Sadie Gibson
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wendell Idaho

Filed Nov 19 1913 H E Lamb

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6—2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 1 0 1967
Bureau of Vital Statistics

State of California } ss.
County of Santa Barbara }

Certificate No. 17372
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Keeler (Name on Original Certificate) who born (Was Born or Died) on Nov. 19, 1913 (Date of Event) in Wendell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Vera Keeler

Subscribed and sworn to before me this 2nd day of October 1959.

Notary Public, residing at Carpinteria, Calif.
My commission expires May 29, 1960.
(Seal)

Signed John B Keeler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of [illegible], 1967

Notary Public, residing at [illegible]
My commission expires
(Seal)

Signed Phern G. Cowan
(Signature of Any Credible Person)

1438 Cathy Way, Hayward Calif
(Street Address, City, State)

FORM DPH 55.155 NNCL 1-7-59. nm

Oakland, California Public School Record, dated Feb. 17, 1959 signed by Selmer H. Berg, Superintendent of Schools, gives full name as Vera Keeler, born Nov. 19, 1913 in Idaho-father's name John Keeler - school record of April 9, 1928 - viewed by V.S.

APR 4 1967

Affidavit of Birth, family record, signed by John Benj. Keeler, on August 4, 1943 gives full name as Vera Shestek (nee Keeler), born November 19, 1913 at Twin Falls, Idaho to John Benjamin Keeler and Sadie Gibson - viewed by V.S.

994-215
037-884

PLACE OF

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of

City of Bru[illegible]

Registration District No. 44 File No. 17373

No. St.

Primary Registration District No. 2121 Registered No. 11

Hospital

FULL NAME OF CHILD ~~[illegible]~~ AVIS Larcena Riddle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov. 15 1913

FATHER	MOTHER
FULL NAME Grant Riddle	FULL MAIDEN NAME Cecilia Riddle
RESIDENCE Riddle, Idaho	RESIDENCE Riddle, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE California	BIRTHPLACE Nevada
OCCUPATION Farmer & Stockraiser	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, Nov. 15, at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Bartlett

Physician
(Physician or midwife)

Address Bruneau Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 18 1913 J. C. Bartlett
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17373

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Avous	Avis Larcena Riddle

Subscribed and sworn to before me this 5th day of April, 1943

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed Grace Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 21 1943
MAY 19 1943
APR 6 1943
SEP 11 1957

331-336
208-453

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bois

City of Arrowrock

No Deer Creek St.

Registration District No. ____ File No. 17374

Primary Registration District No. ____ Registered No. ____

Hospital ____

FULL NAME OF CHILD Fern Mecham Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	Yes.	Oct. 26. 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Venus Harry Clark.	Lois Mecham.
RESIDENCE	Arrowrock.	Arrowrock.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Iowa	Idaho.
OCCUPATION	Laborer.	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) Joseph H Shaw

Physician (Physician or Midwife)

Address Arrowrock.

Filed Oct 19 13

..... Registrar

SYMS - YORK CO., PTRS. & RDRS. 17328 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

OCT 9 1958

STATE OF IDAHO

Amended April 14, 1953

PLACE OF BIRTH

844-22-0016 86

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of rda

City of Arrowrock

No. Grouse Creek St. Registration District No. File No. 17375

Hospital Primary Registration District No. Registered No.

FULL NAME OF CHILD METHEL FLORENCE HUDSON
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				YES	OCT. 21 1933

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse Martin Hudson	Kizzie Oma Frost
RESIDENCE	Arrowrock	Arrowrock
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Illinois	Illinois
OCCUPATION	laborer	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Joseph H. Shaw

physician
(Physician or midwife)

Address Arrowrock

Filed Oct 1933

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Illinois } ss.
County of Crawford }

Certificate No. 17375

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ethel Pansy Hudson (Name on Original Certificate) who was born (Was Born or Died) on October 21, 1913 (Date of Event) in Arrow Rock, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on October 21, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child.	Ethel Pansy Hudson	Methel Florence Hudson

Subscribed and sworn to before me this 3rd day of April, 1953

W. J. Fox

Notary Public, residing at Robinson, Illinois

My commission expires January 30, 1955

(Seal)

Signed Kizieth Hudson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

819-122-008273

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of Boise

City of Arrowrock

No Deer Creek St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17376

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME OF CHILD Rich LeRoy Thomas Harmer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	Aug 22 1913

FATHER		MOTHER	
FULL NAME	Frank S. Harmer	FULL MAIDEN NAME	Nancy E. Rich.
RESIDENCE	Arrowrock	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37. (Years)	AGE AT LAST BIRTHDAY	31. (Years)
BIRTHPLACE	California	BIRTHPLACE	Nevada.
OCCUPATION	Foreman.	OCCUPATION	Housewife.

[Number of child of this mother, including present birth 6. Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address Arrowrock Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 11 1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 25 1988

415-225-020-445

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Elmore

City of Arrowrock

No. "Across River" St.

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 17377

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Ann Davis

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	— and —	—	Yes.	Sept 25 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Francis Davis	FULL MAIDEN NAME	Olive Runeworth.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	39
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minn.	BIRTHPLACE	Colorado.
OCCUPATION	Foreman.	OCCUPATION	Housewife

[Number of child of this mother, including present birth.... 2 ..... Number of children, of this mother, now living, including present birth.... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) Joseph H. Shaw

Physician

(Physician or Midwife)

Address Arrowrock

Filed Sept. 27 19 13 Burmathea

Registrar

SYMS - YORK CO., PTRS. & SONS. 17326

Registrar

386-226-050-
439

PLACE OF BIRTH

[redacted] S. No. 11-C-1[redacted]

County of Elmore

City of Arrowrock

No. "Across River" St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 17378

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Joy D. Thompson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
F.	—	—	Yes	Sept 26, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Elmer Thompson	FULL MAIDEN NAME	Zella Viola McIntyre
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Oregon.
OCCUPATION	Civil Engineer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Arrowrock.

Filed Sept. 27, 1913 B. W. Mothed Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. [illegible]-7-14

JUL 2 1942

613-123-003-967

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

[redacted]TATE OF IDAHO
[redacted]U OF VITAL STATISTICS
[redacted]ERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 817 S. Harrison St.

Hospital

Registration District No. 84 File No. 6 17379

Primary Registration District No. 2161 Registered No. 25[redacted]

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	✓		✓	Yes	Oct 23

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glenn Harry Walker	FULL MAIDEN NAME	Marguerite Eloisa Rogers
RESIDENCE	Butte, Mont	RESIDENCE	Butte Mont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ogden Ut.	BIRTHPLACE	Butte, Mont.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 23/13 at 2 50 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle
MD
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

19

Registrar

Filed Nov 1 1913 O B Brady
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

386-228-003-319

PLACE OF BIRTH

Form V. S. No. 11—16m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 521 N Main St.

Registration District No. 84 File No. 17380

Primary Registration District No. 216 Registered No. 257

Hospital

FULL NAME OF CHILD Doris Beverly Crookston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct 28 1913

FATHER	MOTHER
FULL NAME: William Crookston	FULL MAIDEN NAME: Doris Larsen
RESIDENCE: 521 N Main	RESIDENCE: 521 N Main
COLOR: Brunette	COLOR: Brunette
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Logan Utah
OCCUPATION: U. S. Mail Carrier	OCCUPATION: Home Wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, Oct 28, at 5 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H Smith Woolley

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 1, 1913

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 5 1972

DUPLICATE

434-127-003-313

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1340 N. Garfield St.

Hospital

Registration District No. 84 File No. 6 173[illegible]

Primary Registration District No. 2161 Registered No. 25[illegible]

FULL NAME OF CHILD Peter James McDermott, Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Oct 27th 1913 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Peter J. McDermott	FULL MAIDEN NAME	Margaret Frances Callahan
RESIDENCE	Montpelier Idaho	RESIDENCE	Montpelier Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Montpelier Idaho	BIRTHPLACE	[illegible] Idaho
OCCUPATION	Loco Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 27/13 at 3 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle
MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Nov 1 1913 O B Sirey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 10 1975

James

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 9 12 19 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17381

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed McDermott (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1913 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Peter James McDermott, Jr.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clackamas }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of October, 19 75

Notary Public, residing at Portland
My commission expires 2-4-78
(Seal)

Signed Jack L McDermott
(Signature of Any Credible Person)

9566 Maple Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 7/9/75

Marriage certificate from Idaho gives names as Peter James McDermott and Rita Dennis. married Nov. 15, 1938 at Idaho Falls, Idaho. viewed by V. S.

OCT 23 1975

Certif of Baptism from Saint Anthony's Church gives name as Mary Ann McDermott child of Peter James McDermott, Jr. and Rita Dennis. bonr May 3, 1943. Baptized Jan. 25, 1945. viewed by V. S.

155-229-003-155

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m

CERTIFICATE OF BIRTH

17382

County of Bannock

City of Pocatello

No. 1054 N Main St.

Registration District No. 84 File No. 4

Primary Registration District No. 216 Registered No. 256

Hospital

FULL NAME OF CHILD Helen Jensen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct 29 1913

FATHER	MOTHER
FULL NAME Jorgen G. Jensen	FULL MAIDEN NAME Agnes Jensen
RESIDENCE 1054 N Main	RESIDENCE 1054 N Main
COLOR Medium	COLOR Medium
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Clarkston, Utah	BIRTHPLACE Clarkston Utah
OCCUPATION Bookkeeper	OCCUPATION Home Wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Oct 29 1913 at 3 p. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Smith Woolley

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

Filed Nov 1, 1913

.....Registrar

.....Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

215-123-003-266

Form V. S. N[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 905 So Main St.

Hospital Maternity

Registration District No. 84 File No. #6 17383

Primary Registration District No. 2161 Registered No. 254

FULL NAME OF CHILD Not named John Arthur

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 23 1913

FATHER		MOTHER	
FULL NAME	A. J. Banyard	FULL MAIDEN NAME	Catherine Bowman
RESIDENCE	524 So. Arthur	RESIDENCE	524 So Arthur
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Nov 1, 1913 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 12 [illegible]

249-105-003-619

Form V. S. No. 11-C-[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1122 N. Hayes St.

Hospital

Registration District No. 84 File No. 17384

Primary Registration District No. 2161 Registered No. 252

FULL NAME OF CHILD Elmer Ray Burdick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Oct 5th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo W Burdick	FULL MAIDEN NAME	Ruth Esther Ward
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hunneville Kan	BIRTHPLACE	Kiowa Kan.
OCCUPATION	Laborer R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Oct 5/13 at 12.50 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) [signature]

[signature]

(Physician or midwife)

Address Pocatello Ida

Filed Oct 10, 1913 O B Sieg

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Bk. U-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [redacted]

3/19/41 22

555-224-003 719

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1306 N. Garfield St.

Hospital

Registration District No. 84 File No. 6 17385

Primary Registration District No. 2161 Registered No. 253

FULL NAME OF CHILD Eleanor Louise Van Everen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct. 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elliott G. Van Everen	FULL MAIDEN NAME	Grace Parmelee
RESIDENCE	1306 N. Garfield Pocatello	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello, Idaho

Filed Nov 1, 1913 O. B. [illegible]
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-H-L

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 29 1972

315-205-003-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 17386

County of Bannock

City of Pocatello

No. ____, ____ St.

Registration District No. 24 File No. 5

Hospital General

Primary Registration District No. 2161 Registered No. 245

FULL NAME OF CHILD Margaret Martha Langheldt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.		1	Yes	10 5 1913

FATHER	MOTHER
FULL NAME Harry Bell Langheldt.	FULL MAIDEN NAME Mary Bess Langheldt
RESIDENCE Pocatello	RESIDENCE Pocatello
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Kansas City Mo.	BIRTHPLACE Waynesboro Penna
OCCUPATION Accountant	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 1, 1913 [illegible] Registrar

.....

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

SEP 4 1970

PLACE OF BIRTH

STATE OF IDAHO

DEC 8 1970

492-104-003-364

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 421 So 3d St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. S 17387

Primary Registration District No. 2161 Registered No. 246

FULL NAME OF CHILD Frank Desire Disdier

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Oct 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Disdier	FULL MAIDEN NAME	Rose Lombard
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	San Francisco Calif	BIRTHPLACE	St Bonnet, France
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Oct 10, 1913 O B Steely Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 21 1969

MAR 14 1975

993-702-003-547

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 565 N Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 9

Primary Registration District No. 241 Registered No. 244

FULL NAME OF CHILD Herbert Edgley Riley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Sept 7- 191 3

FATHER	MOTHER
FULL NAME John Hesketh Riley	FULL MAIDEN NAME Anne Edgley
RESIDENCE 565 N Main	RESIDENCE 565 N Main
COLOR Medium	COLOR Medium
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE England	BIRTHPLACE England
OCCUPATION Dairyman	OCCUPATION House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Dr H Smith Wooley

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 1, 1913 O B Green

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17388

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Middle Name	Edgeley	Herbert Edgley Riley
birthdate	Oct. 1 1913	Sept. 7 1913
Father middle name	Wesley	Weskath

Subscribed and sworn to before me this 16 day of Nov, 19 43

Paulene Ambrose

Notary Public, residing at Boise

My commission expires 1/18/47
(Seal)

Signed Mrs. Annie E. Riley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

NOV 19 1943

NOV 18 1943

319-128-003-966

PLACE OF BIRTH

Form V. S. No. 11—10

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

Amended 10-16-79

City of Pocatello

No. 309 S Johnson St.

Registration District No. 84

File No. 17389

Primary Registration District No. 2161

Registered No. 249

Hospital

FULL NAME OF CHILD WILLIAM HERBERT Carlyle.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy			Sept (Month) 28 (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Wm Leslie Carlyle.	FULL MAIDEN NAME	Edna Rowe
RESIDENCE	309 S. Johnson.	RESIDENCE	309 S Johnson
COLOR	Blonde	COLOR	Blonde
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri.	BIRTHPLACE	Amer Falls
OCCUPATION	Engineer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Smith Woolley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 1, 1913 O B Sieg

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17389

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Carlyle (Name on Original Certificate) who was born (Was Born or Died) on Oct. 1, 1913 (Date of Event) in Pocatello, ID (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	John Carlyle	William Herbert Carlyle
Date of birth	October 1, 1913	Sept. 28, 1913

Subscribed and sworn to before me this 30 day of July, 1976

Robert J. Curry
Notary Public, residing at Notary Public Residing at Am. Falls, Idaho
My commission expires My Commission Expires July 15, 1977
(Seal)

X Signed Lila E. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

AMERICAN FALLS, IDAHO
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Power }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of July, 1976

Robert J. Curry
Notary Public, residing at Notary Public Residing at Am. Falls, Idaho
My commission expires My Commission Expires
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Am. Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3/31/70 nm July 15, 1977

High School Diploma issued by the Pocatello Senior High School gives name as W. Herbert Carlyle . Graduated May 26, 1933. E. N. Vaughn, Supt. of Schools/
Viewed by V.S.

School Record issued for the years of 1921 gives name as W. Herbert Carlyle. age 7. Pocatello Schools.
Viewed by V.S.

Metropolitan Life Insurance Company gives name as William H. Carlyle. Policy # 5 267 001. Issued Sept. 1, 1941. Policy also shows birthdate as Sept. 28, 1913, in Pocatello, Idaho.
Viewed by V.S.

A daughter's certificate on file with Bureau of Vital Statistics gives name as Marjorie Joyce Carlyle for daughter. It lists her father's name as William Herbert Carlyle. Child born October 3, 1939.
Viewed by V.S.

367-231-063-155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17390

County of Bannock

City of Pocatello

No. 965 N. Arthur St.

Registration District No. 84 File No.

Primary Registration District No. 2161 Registered No. 263

Hospital

FULL NAME OF CHILD Alice Ann Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1	Yes	Oct 31 1913

FATHER	MOTHER
FULL NAME: William Cox	FULL MAIDEN NAME: Bettie H. Jensen
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Auckland, New Zealand	BIRTHPLACE: Logan Utah
OCCUPATION: Passenger Brakman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Tracy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 1st 1913 O B Tracy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. H-C-80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

173

F BIRTH

SEP 25 1973

666-113-003-664

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock,

City of Pocatello, Registration District No. 84 File No. 6 17391

No. 820 N. Grant St. Primary Registration District No. 2161 Registered No. 261

Hospital

FULL NAME OF CHILD Cecil Elmer Woodworth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Sept 15 1913

FATHER	MOTHER
FULL NAME Elmer H. Woodworth	FULL MAIDEN NAME Alta E Woodsworth
RESIDENCE Pocatello	RESIDENCE Pocatello Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Miss	BIRTHPLACE Gooding Idaho
OCCUPATION Loco Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Sheets

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed Nov 1, 1913 O B Sheets Registrar

.....Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 2 0 1942

252-122-003-280

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17392

County of Bannock

City of Pocatello

No. 201 S. Main St.

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 6

Registered No. 260

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 22 1913

FATHER		MOTHER	
FULL NAME	Hong Kee	FULL MAIDEN NAME	Lung (She)
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Ida
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Canton China	BIRTHPLACE	Canton China
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Green

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 4 1913

O F Green
Registrar

Given names added from a supplemental report

.....19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 2-2-61

PLACE OF BIRTH

689-221-003-693

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Inkom

No. Ranch St.

Registration District No. 84 File No. 17393

Hospital

Primary Registration District No. 2161 Registered No. 259

FULL NAME OF CHILD Emma Genevieve Whitworth

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct. 21, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Geo. A. Whitworth	FULL MAIDEN NAME: Agnes Williams
RESIDENCE: Inkom, Idaho	RESIDENCE: Inkom, Idaho
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Calls Fort, Utah	BIRTHPLACE: Goshen, Utah
OCCUPATION: Rancher	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

M.D. (Physician or midwife)

Address Pocatello, Idaho

Filed Nov. 1, 1913 O.B. Steely

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 17393

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Whitworth (Name on Original Certificate) who was born (Was Born or Died) on Oct. 22, 1913 (Date of Event) in Inkom, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Jan. 25, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Emma Genevieve Whitworth
Child's Date of Birth	Oct. 22, 1913	Oct. 21, 1913

Subscribed and sworn to before me this 31st day of December 31, 1960

Grace Ashton

Notary Public, residing at Inkom, Idaho

My commission expires 7-20-61

(Seal)

Signed X Garnett Whitworth

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Inkom, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23d day of January, 1961

Grace Ashton

Notary Public, residing at Inkom, Idaho

My commission expires 7-20-61

(Seal)

Signed X Eliza L Shaffer

(Signature of Any Credible Person)

Route #2 - Inkom Idaho

(Street Address, City, State)

FORM DH 60-155

CL 12-13-60. 2 copies pd. receipt #10326.

L.D.S. Church Record, indicates that Emma Genevieve Whitworth was Blessed on Jan. 25, 1914 at Inkom, Idaho - she was born Oct. 21, 1913 at Inkom, Idaho to George A. Whitworth and Agnes Williams - viewed by V.S.

Own Child's Birth Certificate on file: #248808 gives full maiden name of mother as Emma Genevieve Whitworth - viewed by V.S.

Western Life Insurance Policy, #141098, Aug. 28, 1947 gives full name as Emma Genevieve Blair, born Oct. 21, 1913 at Inkom, beneficiary is given as Wendell L. Blair, Husband or any surviving children born to this marriage - viewed by V.S. this document was accepted because of a child's birth certificate being on file to show the relationship between the names of Whitworth and Blair -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]6-00[illegible]

[illegible] BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 650 S. Hayes St.

298-226-003-369

Hospital

Registration District No. 84

Primary Registration District No. 2161

File No. 6

Registered No. [illegible]8

17394

FULL NAME OF CHILD Lenora Kathryn Bryden

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	------		------	Yes	October 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Bryden	FULL MAIDEN NAME	Isabel Torgensen
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	2 (Years)
BIRTHPLACE	Tybo, Nevada	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 1, 1913 O. B. Streets Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

APR 14 1971

843-126-003-296

PLACE OF BIRTH

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17395

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 84 File No. 6

Primary Registration District No. 2161 Registered No. 267

Hospital Pocatello General

FULL NAME OF CHILD ~~George Tom~~ William Brown Hutton (Change in name before report filed) W.F.H.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	----		----	Yes	October 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton Lee Hutton	FULL MAIDEN NAME	Florence L. Brown
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Lancaster, Penn.	BIRTHPLACE	Rochester, Minn.
OCCUPATION	Congregational Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2/55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D. (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 2nd 1913 O B Seely Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 18 1942

MAY 15 1972

212-127-003-439

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 445 N. 4th *St.*

Hospital ----------

Registration District No. 84 **File No.** 6 17396

Primary Registration District No. 261 **Registered No** 266

FULL NAME OF CHILD Brady Richard Sasselli

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	----		-----	Yes	October 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Joseph George Sasselli	Myrtle McIlvain
RESIDENCE	Pocatello, Idaho	Pocatello, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Napa, California	Viola, Wyoming
OCCUPATION	Concrete	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 10:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Nov 2nd 1913 O. B. Seely Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 16 1945

364-115-003-269

PLACE OF BIRTH

Form V. S. No. 1 [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17397

County of Bannock

City of Pocatello Registration District No. 84 File No. 6

No. 433 No Main St Primary Registration District No. 241 Registered No. 265

Hospital

FULL NAME OF CHILD Silvanus Tout

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				Oct 15 1913

FATHER		MOTHER	
FULL NAME	Silvanus Tout	FULL MAIDEN NAME	Julia Sorenson
RESIDENCE	433 No Main St	RESIDENCE	433 No Main St
COLOR	Medium	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wales	COLOR	Light
OCCUPATION	Engineer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Weaver Utah
		OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) Geo. H. Smith Woolley

(Physician or midwife)

Address Pocatello Idaho

Filed Nov 1st 1913 O. B. Lacey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 25 1966 BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	Number and in order of birth	Legitimate?	Date of Birth	19 (Month) (Day) (Year)
	(To be answered only in event of plural births)				

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ M. on the date above stated.

(Form, alive or stillbore)

*When there was no attending physician or midwife, then the [illegible] should make this return. [illegible] neither breathe nor shows other evidence of life after birth.

(Signature)

(Given names [illegible] from a nonchemical report)

(Address)

19 _____ Address _____

Filed _____ 19 _____

Registrar

S-V CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK - THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-213-003-216

PLACE OF BIRTH

Form V. S. No. 11—10m-8-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 17398

County of Bannock

City of Pocatello

Registration District No. 84

No. 617 So. Harrison

Primary Registration District No. 216 1

Registered No. 264

Hospital

FULL NAME OF CHILD Marsa Wanda Rosquist

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural Births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Oct. 13 1913

FATHER	MOTHER
FULL NAME: August Rosquist	FULL MAIDEN NAME: Millie Maria Syoberg
RESIDENCE: 617 So. Harrison	RESIDENCE: 617 So. Harrison
COLOR: Light	COLOR: Light
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Tygesjo Sweden	BIRTHPLACE: Millville Utah
OCCUPATION: Blacksmith	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. H. Smith Woolley
M. D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 1, 1913

O. T. Green
Registrar

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H—10m-3-15-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF WORK

PLACE OF BIRTH

(County of)

366-108-003-665

Form V. S. No. H-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17399

County of Bannock

City of Pocatello

No. 709 N. Grant *St.*

Hospital ------

Registration District No. 84 **File No.** 6

Primary Registration District No. 2161 **Registered No.** 271

FULL NAME OF CHILD Sydney Lee Lowe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	---		----	Yes	October 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alva Hovey Lowe	FULL MAIDEN NAME	Bess Martin Ownby
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Chatanooga, Tennasee	BIRTHPLACE	Asheville, N.C.
OCCUPATION	Piana Teacher	OCCUPATION	Vocal Teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 2:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 1, 1913 O B Steel
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 10 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Pocatello — Registration District No. 84 — File No. 6 19400

No. 351 N. Lincoln St. — Primary Registration District No. 2161 — Registered No. 270

Hospital ----------

FULL NAME OF CHILD Forrest Clarence Hood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	October 19 1913

FATHER	MOTHER
FULL NAME: Clarence Franklin Hood	FULL MAIDEN NAME: Della Luella Brower
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Topeka, Kansas	BIRTHPLACE: St. Anthony, Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1 — Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 9:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) W. F. Howard M.D.

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed Oct 24 19 13 O. P. Steel
Registrar

R-Y CO. 20174

[illegible]

Northern Life Insurance Co. Policy, #527 April 13, 1937 gives name as Forrest Clarence Hood - viewed by V.S. and Social Security Card - 535-07-8963 gives name as Forrest Clarence Hood - viewed by V.S. date card issued 4-16-37.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17400

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Clarence Hood (Name on Original Certificate) who born (Was Born or Died) on October 19, 1913 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Clarence Hood	Forrest Clarence Hood

Subscribed and sworn to before me this 22 day of December 19 58

Alice L. Cunningham
Notary Public, residing at Salt Lake City, Utah
My commission expires 2/23/1962
(Seal)

Signed Luella Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1616 So. 2nd East, Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of December 19 58

Alice L. Cunningham
Notary Public, residing at Salt Lake City, Utah
My commission expires 2/23/1962
(Seal)

Signed Cordelia B. Nelson
(Signature of Any Credible Person)

1616 So. 2nd East, Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55.155

CL 12-12-58. one copy pd.

JAN 22 1959

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT R[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and [illegible] of each, in order of birth stated.

[redacted] 17401

No. ..... St.

Primary Registration District No. 1001 Registered No. 432

Hospital 995-129-025-632

FULL NAME OF CHILD Fred - Nov 5 1913

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Platt P Ring	FULL MAIDEN NAME	Caddie D Olsen
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash —	BIRTHPLACE	Oregon
OCCUPATION	Forest Service	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Grangeville Idaho

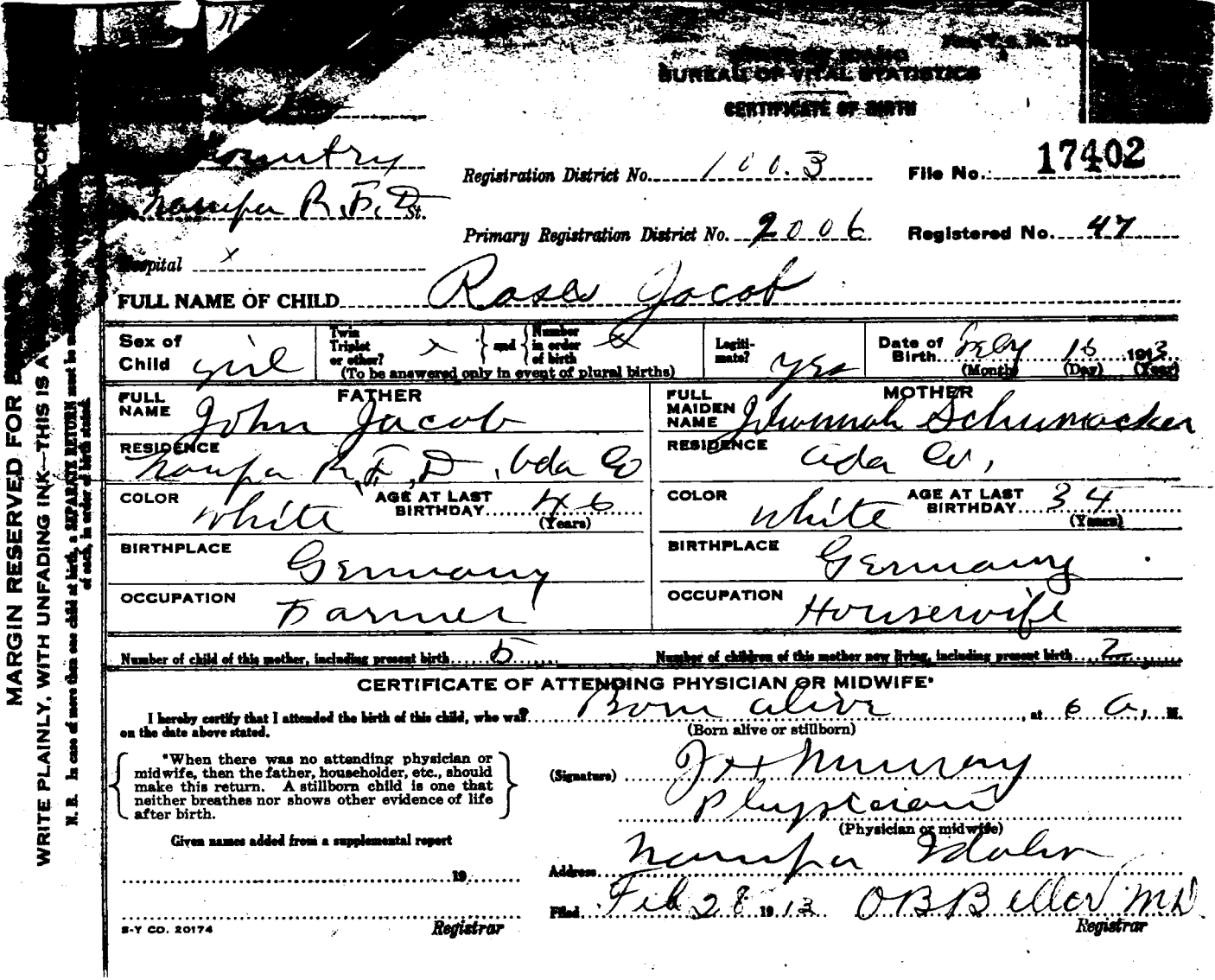
Filed Nov. 6 1913 Jesse L Rains

Registrar

Registrar

S-Y CO. 20174

[redacted]



MARGIN RESERVED FOR [illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A [illegible] RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be [illegible] of each, in order of birth stated.

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[illegible] Country

Nampa R.F.D. St.

Hospital X

Registration District No. 100.3 File No. 17402

Primary Registration District No. 2006 Registered No. 47

FULL NAME OF CHILD Rose Jacob

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	Feby (Month) 16 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Jacob	FULL MAIDEN NAME	Johannah Schumacker
RESIDENCE	Nampa R.F.D., Ada Co	RESIDENCE	Ada Co,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Idaho

Filed Feb 28 1913 O B Beller MD

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

142-207
037-618

PLAC[redacted]

Form V. S. No. 11-C—20m-2-1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of P.O. Wilson

Registration District No. _____ File No. 17404

No. _____ St.

Primary Registration District No. 7 Registered No. _____

Hospital _____

FULL NAME OF CHILD Helen Lucia Austin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	x		x	Yes	Sept. (Month) 7 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. Austin	FULL MAIDEN NAME	Nellie Ward
RESIDENCE	Wilson Idaho	RESIDENCE	Wilson Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Maine	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Idaho

Filed 9/10 1913 B.D. Calange
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

JUL 3 1956

MAY 13 1953

412-227
024-766

PLACE [redacted]

County of [redacted]

City of Goo[redacted]

No. ..... St.

Hospital Home

Form V. S. No. 11-10[redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17405

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Baby Mabes

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female		1	Yes	Nov. (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David Mabes	FULL MAIDEN NAME	Molly Goodmieller
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Okla
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bornaline (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Cary

(Physician or Midwife)

Given name added from a supplemental report

Dec. 6 1913

Address Good[redacted]

[redacted]

Filed Dec. 6 1913 [redacted]ary

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

318-104-024-685

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Goodding

City of Goodding

No. ..... St.

Registration District No. 1014 File No. 17406

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD James Williams Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 4 1913

FATHER		MOTHER	
FULL NAME	Dallas E Taylor	FULL MAIDEN NAME	Maurie Wherry
RESIDENCE	Goodding	RESIDENCE	Goodding Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Book keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.
(Physician or midwife)

Address Goodding Ida

Given names added from a supplemental report

Nov 6 1913

F. T. Cary M.D. Registrar

Filed Nov 6 1913 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

265-204-024-236

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-2011

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. 6 St.

Registration District No. 1014 File No. 17407

Primary Registration District No. 2014 Registered No.

Hospital Home

FULL NAME OF CHILD Dorthy Elva Sword

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	1	1	Yes	Nov 4 1913

FATHER		MOTHER	
FULL NAME	Clarence E Sword	FULL MAIDEN NAME	Ethel May Norwood
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Nebraska
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:59 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Cary MD

(Physician or Midwife)

Given name added from a supplemental report

Nov 5 1913 H H Cary MD

Registrar

Address Gooding Ida

Filed 19 H H Cady MD

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 24 1943

551-116-024-315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17409

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Giles Clifford Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford L Evans	Lillian La None
RESIDENCE	Gooding Ida.	Gooding
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	16
BIRTHPLACE	Minn	Nys
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D. (Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

Nov 6 1913

T. T. Cary M.D. Registrar

Filed Nov 6 1913

T. T. Cary M.D. Registrar

S-Y CO. 20174

JAN 27 1942

Form V. S. No. 11-C-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 7 1942

493-205-024-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17410

Registration District No. 1014 File No. ____

Primary Registration District No. 2014 Registered No. ____

FULL NAME OF CHILD Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 5 1913

FATHER	MOTHER
FULL NAME Edwd. Gale Miller	FULL MAIDEN NAME Pearl Cramer
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Iowa	COLOR White
OCCUPATION Farming	AGE AT LAST BIRTHDAY 23 (Years)
	BIRTHPLACE Kansas
	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

10 23 1913

H. T. Cary M. D. Registrar

Filed 10 23 1913 H. T. Cary M. D. Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 16 1972

386-171-024-849

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ....., ... St.

Hospital Home

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

17411

Registration District No. 1014 File No. .....

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Baby - Chas. Hinds Thompson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	S	1	Yes	Oct 11, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A E Thompson	FULL MAIDEN NAME	Bertha Hinds
RESIDENCE	Gooding Idaho	RESIDENCE	Gooding
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY ..... (Years)		AGE AT LAST BIRTHDAY ..... (Years)	
BIRTHPLACE	Indiana	BIRTHPLACE	Penn
OCCUPATION	Furniture Mfg	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was abortive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F F Clary MD

(Physician or Midwife)

Given name added from a supplemental report

..... 1913

Address Gooding Idaho

10 23 13 Registrar

Filed 10-23 1913 F F Clary MD Registrar

S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 30, 1940. E.W.

693-204-024-685

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

Registration District No. 1614

File No. 17412

No. ____, ____ St.

Primary Registration District No. 2014

Registered No. ____

Hospital ____

FULL NAME OF CHILD Sarah Berthina Wilkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Oct 4 1913

FATHER		MOTHER	
FULL NAME	A. B. Wilkins	FULL MAIDEN NAME	Sarah Reading Wilkins
RESIDENCE	Bliss Idaho	RESIDENCE	Bliss Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

(Physician or Midwife)

Given name added from a supplemental report

10/28 19 13

Address ____

F. T. Cary M. D. Registrar

Filed Oct 19 13 F. T. Cary M. D. Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

659-203-024-349

Amended 5-15-64 (Be sure the information is complete and accurate)

State File No. 17413

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 1014

1. PLACE OF BIRTH

a. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Gooding

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dorothy b. (Middle): R. c. (Last): Ferguson

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): July 3, 1913

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): T. c. (Last): Ferguson

8. COLOR OR RACE: White

9. AGE (At time of this birth): 43 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Colorado

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Tillie b. (Middle): c. (Last): Turner

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Indiana

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: F. T. Cary, M.D.

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Gooding, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 10-23-1913

20. REGISTRAR'S SIGNATURE: F.T. Cary

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREG-

22b. WEIGHT AT BIRTH

23. Was a standard serological test for syphilis performed? [ ] [ ]

Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... **Induced?**.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17413

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Ferguson (Name on Original Certificate) who was born (Was Born or Died) on Oct. 23, 1913 (Date of Event)

in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy R. Ferguson
Date of Birth	Oct. 23, 1913	July 3, 1913

Subscribed and sworn to before me this 15 day of [illegible], 19[illegible]

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible] Ferguson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5019 Clinton Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

1 Cancel Rd. [illegible] # 17118.

Hospital Birth Cert., Lake City Hospital, Coeur d'Alene, Idaho - child born Dorian Wayne Drury, born Friday, Oct. 31, 1947 at 8;20 P.M. to Frank Rice Drury born May 18, 1912 at Oswego, New York and Dorothy Rayne Ferguson, born July 3, 1913 at Gooding, Idaho - viewed by V.S.

Photo Copy of Intermountain Institute, Weiser, Idaho, Private School, date of entrance Sept. 3, 1928 gives full name of student as Dorothy R. Ferguson born July 3, 1913 - parents Mr. & Mrs. John T. Ferguson - viewed by V.S.

123-123-024-465

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 1014 File No. 17414

Primary Registration District No. 1014 Registered No. .....

FULL NAME OF CHILD Boy Ascuena

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	Single	1	Yes	8 23rd 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claudio Ascuena	FULL MAIDEN NAME	[redacted] Monestroo
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Spain		
OCCUPATION	Ranchs		
		COLOR	W
		AGE AT LAST BIRTHDAY (Years)	32
		BIRTHPLACE	Spain
		OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T T Cary MD

(Physician or Midwife)

Address Gooding, Idaho.

Given name added from a supplemental report

10/23 1913

T T Cary Registrar

Filed 10-23 1913 T. T. Cary MD Registrar

S-Y CO., 16659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

693-104-024-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Registration District No. 1014 File No. 17415

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD. John Neal Filer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Aug 4 1913

FATHER		MOTHER	
FULL NAME	John Filer	FULL MAIDEN NAME	Allie F Baker
RESIDENCE	Bliss Idaho	RESIDENCE	Bliss Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Nebraska
OCCUPATION	Civil Engineering	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

10-23 1913

F. T. Cary M. D. Registrar

Filed Aug 1913 F. T. Cary M. D. Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

154-219-024-275

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17416

Primary Registration District No. 2014 Registered No. ____

FULL NAME OF CHILD Gladys Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Aug 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred Wm Anderson	FULL MAIDEN NAME	Minnie L Spelliney
RESIDENCE	Gooding	RESIDENCE	Gooding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Connell M.D.

(Physician or midwife)

Address Gooding Idaho

Filed 10/23 1913 F. T. Carey M. D. Registrar

Given names added from a supplemental report

10/23 1913 F. T. Carey M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bradley

MAY 24 1955

39

355-128-024-25

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-10m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 2014 File No. 17417

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD ~~Clifford~~ Leeper, Bert

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	June 28 1913

FATHER		MOTHER	
FULL NAME	Tottis Leeper	FULL MAIDEN NAME	Bessie Stewart
RESIDENCE	Gooding	RESIDENCE	Gooding Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Idaho
OCCUPATION	U.S. Mail Carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Cromwell M.D.

(Physician or midwife)

Address Gooding Ida.

Given names added from a supplemental report

10/23 1913

F. T. Carey M.D. Registrar

Filed 10/23 1913

F. T. Carey M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z FATHER NAME ?

259-213-024-493

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ____ St.

Hospital ____

Form V. S. No. 11-C-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17418

Primary Registration District No. 2014 Registered No. ____

FULL NAME OF CHILD Violet Maurine Bergen

Sex of Child: Female | Twin, Triplet or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth: Jul 13 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Rudolph A. Bergen

RESIDENCE: Gooding

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Austria

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Violet Dickey

RESIDENCE: Gooding

COLOR: White AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M. D.

(Physician or midwife)

Address Gooding

Given names added from a supplemental report

10/23 1913

H. T. Cary M. D. Registrar

Filed 10/23 1913 H. T. Cary M. D. Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Country of

APR 2 0 1973

NOV 8 1973

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Date of Birth

(Month) (Day)

MOTHER

393-214-024-243

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Gooding

City of Blue

Registration District No. _____ File No. 17419

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital Home

FULL NAME OF CHILD Baby Little

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
9	6	1	Yes	4 (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alton Little	FULL MAIDEN NAME	Anna Butler
RESIDENCE	Gooding Idaho	RESIDENCE	Idaho Gooding
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Livingman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell MD by Orlay

(Physician or Midwife)

Given name added from a supplemental report

10/23 1913

Address Gooding Idaho

F F Cary MD Registrar

Filed 10-23 1913 F. F. Cary Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAH

Bureau of Vital Stati

CERTIFICATE OF

PLACE OF BIRTH

(County of)

FULL NAME

COLOR

956-104-024-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding,

City of Gooding,

No. 1st & Michigan St.

Hospital Residence,

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-2[illegible]

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17422

Primary Registration District No. 2014 Registered No.

FULL NAME OF CHILD Harvey Grant Reffner,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male,			Yes	May 4th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Grant Reffner,	FULL MAIDEN NAME	Jennie Vandenbergh,
RESIDENCE	Gooding, Idaho,	RESIDENCE	Gooding, Idaho,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48 years
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44 years
BIRTHPLACE	Hollidaysburg, Pa.	BIRTHPLACE	- - - Holland,
OCCUPATION	Creamery-Man,	OCCUPATION	Housekeeper,

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6-0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. E. Johanson (Physician or midwife)

Address Gooding, Idaho.

Given names added from a supplemental report

6-17 1913

Dr. F. T. Cary, Registrar

Filed 6-17-1913 F. T. Cary M. D., Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Initials of Clerk) [illegible]

213 - 206-024-344

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding,

City of Gooding,

No. Idaho St.

Hospital Residence,

Form V. S. No. 11-C—20m-8-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17423

Primary Registration District No. 2014 Registered No.

FULL NAME OF CHILD. Marcia Madalyn Bacus,

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Girl		Yes	May 6th 1913

FATHER		MOTHER	
FULL NAME	Mr. Perlie Byron Bacus,	FULL MAIDEN NAME	Blanche Marona Cummings,
RESIDENCE	Gooding, Idaho.	RESIDENCE	Gooding, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 years. (Years)	AGE AT LAST BIRTHDAY	26 years. (Years)
BIRTHPLACE	Centerville, Iowa.	BIRTHPLACE	Rome, Kansas,
OCCUPATION	Veterinary Surgeon,	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth Two. Number of children of this mother now living, including present birth Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Mr. P. E. Johanson
(Physician or midwife)

Address Gooding, Idaho,

6\17 1913

Dr. F.T. Cary
Registrar

Filed 6\17 1913 Dr. F.T. Cary
Registrar

8-Y CO. 20174

APR 1 1942

765 - 204-024-312

Form V. S. No. 11-C—20m-3-15-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

Registration District No. 1014 File No. 17424

No. ____ St.

Primary Registration District No. 2014 Registered No. ____

Hospital ____

FULL NAME OF CHILD Marion Goecoechea

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 4 1913

FATHER	MOTHER
FULL NAME Luteris Goecoechea	FULL MAIDEN NAME Eulila Cabanla
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Spain	BIRTHPLACE Spain
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cummins M. D.
(Physician or midwife)

Given names added from a supplemental report

6 - 17 1913

Address ____

Dr. F. T. Carey Registrar

Filed 6 - 17 1913 Dr. F. T. Carey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1913 · 219816

219-218-024-464

Form V. S. No. 11-C—40m-3-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Registration District No. 1044 File No. 17425

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Marion Barnum

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth May 18 (Month) / (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Harley W. Barnum	FULL MAIDEN NAME Hazel M. Modin
RESIDENCE Bliss	RESIDENCE Bliss
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn.
OCCUPATION Farming	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth First

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Address Gooding Idaho

Given names added from a supplemental report

6-17- 1913

F. T. Cary

Registrar

Filed 6-17- 1913 F. T. Cary MD

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

192-129-024-364

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [redacted]

CERTIFICATE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Registration District No. 1014 File No. 17426

Primary Registration District No. 2014 Registered No. .....

Hospital .....

FULL NAME OF CHILD Michael Arkoosh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	May 29 1913

FATHER	MOTHER
FULL NAME Joseph E Arkoosh	FULL MAIDEN NAME Alice Comaty
RESIDENCE Gooding	RESIDENCE Gooding
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Syria Turkey	BIRTHPLACE Syria Turkey
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D.

(Physician or midwife)

Given names added from a supplemental report

10\23 1913

F. T. Carey Registrar

Address .....

Filed 10\23 1913 F. T. Carey Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[illegible]

JUL 8 1946

294-218-024-869

Form V. S. No. 11-O—[illegible]

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 17428

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Dorothy Jane Simpson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Donald Simpson	FULL MAIDEN NAME	Myrta Rodearmel
RESIDENCE	Gooding Ida	RESIDENCE	Gooding Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Cromwell M D
(Physician or midwife)

Given names added from a supplemental report

10/23 1913

F. T. Cary M.D. Registrar

Address Gooding Idaho

Filed 10/23 1913 F. T. Cary M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

MAY 6 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Gooding

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1014 File No. 1729

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Hester Martinia Jones

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: Sept. 30 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Chas A Jones

RESIDENCE: Gooding

COLOR: White AGE AT LAST BIRTHDAY: 51 (Years)

BIRTHPLACE: Neb

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Kate Johnston

RESIDENCE: Gooding

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Mo

OCCUPATION: Housewife

Number of child of this mother, including present birth: 11

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 12 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Cromwell M.D. (Physician or midwife)

Address .....

Given names added from a supplemental report

10/23 19.13

F. T. Carey M.D. Registrar

Filed 10/23 19.13 F. T. Carey M.D. Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 17429
Date Filed 2-14-42

The undersigned does solemnly swear that certain facts on the certificate of Death (BIRTH OR DEATH)
for Unnamed Jones (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on 9-30-1913 (DATE OF EVENT)
in Goodding, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory of older sister (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Emmett	Hester Martinia Jones

Subscribed and sworn to before me this 11th
day of February, 19 42
Mary B. Edwards
Notary Public, residing at Boise, Idaho
My commission expires Nov. 6, 1944
(SEAL)

Signed Rebecca J. Cannon
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Route 1 - Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of February, 19 42
Agnes Wynn
Notary Public, residing at Boise
My commission expires May 8, 1945
(SEAL)

Signed C. O. Brennan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
801 N 7th Boise, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

- 4 1942

842-122-02 [redacted]

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Goodwy

City of Goodwy

Registration District No. 1014 File No. 17430

No. ....., ... St.

Primary Registration District No. 2014 Registered No. .....

Hospital Home

FULL NAME OF CHILD Boley Hubbs

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	1	1	Yes	Sept 22, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A C Hubbs	FULL MAIDEN NAME	Gladdis Fr[illegible]
RESIDENCE	Goodwy Idaho	RESIDENCE	Goodwy Ida[illegible]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Seamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. F. Carey MD

(Physician or Midwife)

Given name added from a supplemental report

10-23 1913

F. F. Carey MD
Registrar

Address Goodwy Idaho

Filed 10 23 1913 F. F. Carey MD
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

862-100-24-000

PLACE OF BIRTH

County of Gooding

City of Bliss

No. ..... St.

Hospital Home

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

Registration District No. 1014 File No. 17431

Primary Registration District No. 2014 Registered No. .....

FULL NAME OF CHILD Boby Hobbs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	2	Yes	X 10 X X 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. F. Hobbs	X
RESIDENCE	Bliss Idaho	Bliss. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	X (Years)	X (Years)
BIRTHPLACE	X Texas	X Texas
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. T. Cary M.D.

(Physician or Midwife)

Address Gooding, Idaho

Given name added from a supplemental report

10-23-, 1913

T. T. Cary M.D. Registrar

Filed 10 X 2 1913 T. T. Cary M.D. Registrar

8-Y CO., 18659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BD.

Hola Nombre +

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

386-120
003-693

PLACE [redacted]

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ba[redacted]

City of Pocatello

No. 524 N. 11th St.

Hospital ---------

Registration District No. 84 File No. 17432

Primary Registration District No. 2161 Registered No. 269

FU[redacted]ME OF CHILD Wayne Thomas

Child	Twin Triplet or other? ____ and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ed. Thomas	FULL MAIDEN NAME	Annie Willey
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Car inspecter	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:50 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard, M.D.
(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Oct 24 1913 O. B. Seely
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN m[redacted]de for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

356-119-003-493

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 406 S. 3rd Ave. St.

~~Hospital~~ at home

Registration District No. 84 File No. 17433

Primary Registration District No. 2161 Registered No. 272

FULL NAME OF CHILD Clyde Newton Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	3 (To be answered only in event of plural births)	Yes	Oct 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Walker Lewis	FULL MAIDEN NAME	Daisy Dickhout
RESIDENCE	Pocatello, 406 S 3rd ave	RESIDENCE	Pocatello, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arizona	BIRTHPLACE	Jackson Co Mo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address 125 N 2nd ave. Pocatello Idaho

Filed Oct 22 1913 O. J. Steely Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 25 1962

PLACE OF BIRTH

OCT 13 1960

231-224-003-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17434

County of Bannock

City of Pocatello

No. 630, N Johnson St.

Hospital

Registration District No. 84 File No. 6

Primary Registration District No. 2161 Registered No. 275

FULL NAME OF CHILD Ella Scadden

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Alexander Scadden	FULL MAIDEN NAME	Violet Crow
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	New Zealand.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Inkom, Ida.

Filed Oct 26 1913 O. B. [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev 8-41

319-208-003-5[illegible]

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 629 N. Hanna St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C[illegible]

CERTIFICATE OF BIRTH

17435

Registration District No. 84 File No. 6

Primary Registration District No. 2161 Registered No. 276

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Oct 8 1913

	FATHER	MOTHER
FULL NAME	Charles Stevenson Carter	Bedaire Marylynn Edgley
RESIDENCE	Pocatello Idaho	Pocatello, Idaho,
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Pocatello, Idaho.	Pocatello, Idaho
OCCUPATION	Painter	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a' M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Oct 10, 1913 O P Steely
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 2 8 1975

DECEASED

238-130
003-693

PLACE O[redacted]

Form V. S. No. 11-C—20m-2-1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17436

County of B[redacted]

City of Pocatello

No. 547 N. 4th St.

Hospital [redacted]

Registration District No. 84

File No. ~~84~~ 6

Primary Registration District No. 261

Registered No. 274

FULL NAME OF CHILD William Eugene Schutt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	----		----	Yes	Sept. (Month) 30 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William James Schutt	FULL MAIDEN NAME	Mary Elizabeth Williams
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Dallas, Texas	BIRTHPLACE	Eddyville, Iowa
OCC[redacted]TION	Cement Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I here[redacted]ify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date [redacted] stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician or midwife)

Address Pocatello Idaho

Filed Oct 14, 1913 O B Seed
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255-123
040-458

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

No. ..... St.

Hospital .....

[redacted] No. .....

Primary Registration District No. .....

File No. 17437

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only [redacted] al births)	Legitimate?	Date of Birth
Male		Yes	10 (Month) - 23 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred D. Bennett	FULL MAIDEN NAME	Burdeene F. Myers.
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (7 month), at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician
(Physician or midwife)

Address Burke, Ida.

Given names added from a supplemental report

..... 19.....

Filed Oct 19 13

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S.N.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

434-215-004-434

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[redacted]CATE OF BIRTH

County of Bear Lake

City of Montpelier

[redacted] 62

File No. 17438

No. _____ St.

Primary Registration District No. 2136 Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Ruth McDonald

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Nov 15th 19[illegible] (Month) (Day) (Y[illegible])

FATHER		MOTHER	
FULL NAME	Daniel McDonald	FULL MAIDEN NAME	Alice McDonald
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Nova Scotia
OCCUPATION	Loco. Engineer	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3:10 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S H S Ring MD
Physician
(Physician or midwife)

Given names added from a supplemental report.

Address Montpelier Ida

_____ 19____

Filed 11/15/1913 S H S Ring MD
Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

255-126-004-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Registration District No. 52 File No. 17439

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Richard Agnon Severns

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Male		Yes	Nov. 26

FATHER		MOTHER	
FULL NAME	Daniel Severns	FULL MAIDEN NAME	Flora Lewis
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Montpelier	BIRTHPLACE	Wales
OCCUPATION	R. R. Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Poynter

MD (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Montpelier Idaho

Filed 12/4/ 1913 [illegible] MD Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MAR 25 1905

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. 11-C 10m-9-11

445-109-004-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-[illegible]

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No. ....., ...

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 82 File No. 17440

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lester Berdean Munk

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) Nov (Day) 9 (Year) 1913
Male		Yes	

FATHER		MOTHER	
FULL NAME	Lester Munk	FULL MAIDEN NAME	Winifred Stevens
RESIDENCE	Bennington	RESIDENCE	Bennington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mantua, Ut.	BIRTHPLACE	Bennington, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Popular

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Montpelier, Ida

Filed 12/4 1913 [illegible] M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

K

Form V. S. No. U-C-10m-5-61

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

FEB 19 1968

295-119-004-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 17441

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD ~~Not Named~~ Edward Glay Kinne[illegible]

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Male		Yes	Nov [illegible]

FATHER		MOTHER	
FULL NAME	James Kinnersley	FULL MAIDEN NAME	Alice Kiel[illegible]
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Ingham City Ut.	BIRTHPLACE	Ogden. Ut
OCCUPATION	O. S. L Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Poynter

M.O. (Physician or Midwife)

Given names added from a supplemental report

....., 19..

Address Montpelier Idaho

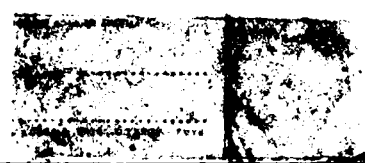
Filed 12/4/1913 H H Kenny

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

BLOCKED

Died ~~03-7506~~ 10-5-03
Idaho
03-7506



Own Child's Birth Cert. on file: (Idaho Birth) #376298 gives full name of father as Edward Glay Kinnersley - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, April 28, 1922 gives full name of child as Edward Glay Kinnersley, son of James Kinnersley and Alice Kelley, born Nov. 19, 1913 at Montpelier, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 17441

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Kinnersley (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 19, 1913 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edward Glay Kinnersley

Subscribed and sworn to before me this 27th day of February, 19 62

Notary Public, residing at Seattle, Wash.
My commission expires June 22-1964
(Seal)

Signed James E. Kinnersley (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

21437 - 21st Ave So. Seattle 88 Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 62

Notary Public, residing at Seattle, Wash.
My commission expires June 22-1962
(Seal)

Signed Margaret A Gantry
(Signature of Any Credible Person)

21437 - 21st Ave So - Seattle 88 Wash
(Street Address, City, State)

FORM DH 60-155 CL 2-9-62. one copy pd. rec. #6520.

MAR 7 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

359-129-004-813

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 17442

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD Lee Trussel

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 29 1913

FATHER		MOTHER	
FULL NAME	Fritz Trussel	FULL MAIDEN NAME	Rosa Hallenweggen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	58	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Poyulin

M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Montpelier Idaho

Filed 12/4/1913 H. H. Kinney M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-48

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419 - 203-044-3[illegible]

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

[illegible] STATISTICS

County of Washington

City of Salubria

Registr[illegible]

File No. 17443

No. ..... St.

Primary [illegible]

Registered No. .....

Hospital .....

FULL NAME OF CHILD BERNICE KATHRYN MARQUESS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
FM		yes	Nov 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Kelsie P Marquess	FULL MAIDEN NAME	Cora M Cox
RESIDENCE	Salubria	RESIDENCE	Salubria
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

MD (Physician or midwife)

Given names added from a supplemental report

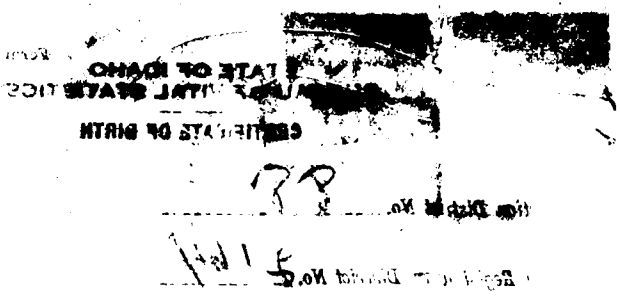
..... 19.....

Address Cambridge Idaho

Filed Dec 5 1913 C E Schmutz Registrar

Registrar

S-Y CO. 20174



SEP 23 1952

891-120-044-015

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 88 File No. 17444

No. ..... St.

Primary Registration District No. 2164 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lawrence C. Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Samuel W Hiatt	FULL MAIDEN NAME	Lula M Manning
RESIDENCE	Indian Valley Ida	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Or
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Cambridge Idaho

Filed Dec 5 1913 C E Schmutz
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH [illegible] MANENT RECORD

N. B. In case of more than one child at birth, a [illegible] must be [illegible] each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-

OCT 10 1941

STATE OF IDAHO
BUREAU OF VITAL

CERTIFICATE OF BIRTH

PLACE OF BIRTH

133-120-044-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Salubria

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 5 File No. 17445

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD CHARLIE JOSEPH ALLISON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 20th 1913

FATHER		MOTHER	
FULL NAME	Jos Allison	FULL MAIDEN NAME	Nellie Stanton
RESIDENCE	Salubria Ida.	RESIDENCE	Salubria Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Ranching	OCCUPATION	Housework

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), on the date above stated, at 4 1/2 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M.D. (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 30 19 13 C E Schmuntz Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)ss
County of Washington)

Certificate No. 17445

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for no name given (Name on original certificate) who was born (was born or died) on Nov. 20, 1913 (Date of event) in Cambridge, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by ..... (Bible record, insurance plcy.etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Charlie Joseph Allison

Subscribed and sworn to before me this 2nd day of June 19 43

Signed Mrs. Nellie Allison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Margaret Vogel
Notary Public
Residing at Cambridge, Idaho

5205 NE Garfield, Portland, Oregon
(Street address, City, State)

My commission expires May 16, 1947

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)ss
County of Washington)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of June 19 43

Signed Fred M. Swank
(Signature of any credible person other than the previous affiant.)

Margaret Vogel
Notary Public
Residing at Cambridge, Idaho

Cambridge, Idaho
(Street address, City, State)

My commission expires May 16, 1947
(SEAL)

JUN 8 1943

295-122-044-967

Form V. S. No. 11-C—20m-8-15-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 17446

Primary Registration District No. 1164 Registered No. .....

FULL NAME OF CHILD Fred Walter Kinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		2	Yes	Nov 22 1918

FATHER		MOTHER	
FULL NAME	Harold Kinney	FULL MAIDEN NAME	Lela Roger
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Oregon.
OCCUPATION	Ranching	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D. (Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 30 1918 C E Schmuck Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 17446
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Fred Walter Kinney (Name on original certificate) who was born (Was born or died) on November 29, 1913 (Date of event)
in Cambridge, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the unknown)
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on short time later (date) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Kinney	Fred Walter Kinney

Subscribed and sworn to before me this 11th
day of December, 1941.
Margaret Vogl
Notary Public, residing at Cambridge, Idaho
My commission expires May 16, 1943
[SEAL]

Signed Leila R Kinney
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cambridge, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th
day of December, 1941.
Margaret Vogl
Notary Public, residing at Cambridge, Idaho
My commission expires May 16, 1943
[SEAL]

Signed Fred M Kinney
(Signature of any credible person other than the previous affiant.)
Cambridge, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

SEP 2 1 1942

415-124-044-655

Form V. S. No. 11-C—Rev-6-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 17447

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	yes	Nov 24 1913

FATHER		MOTHER	
FULL NAME	W A Davis	FULL MAIDEN NAME	Gertrude Weeks
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M D

(Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 30 19 3 C E Schmuck

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

133-201-044-125

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 57 File No. 17449

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD Margaret Carrie Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female		7	Yes	Dec 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alex Allison	FULL MAIDEN NAME	Hattie Abernathy
RESIDENCE	Salubria Ida	RESIDENCE	Salubria Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M.D.

(Physician or midwife)

Address Cambridge Ida

Filed Dec 1 1913 C E Schmuntz

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 16 12 56 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 17449

County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unanemd Allison (Name on Original Certificate) who was born (Was Born or Died) on Dec. 1, 1913 (Date of Event)

in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Margaret Allison

Subscribed and sworn to before me this 13th day of October, 1975

May Collins

Notary Public, residing at Cambridge

My commission expires June 3 - 1977

(Seal)

Signed Louticia A. Buhl

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of Oct., 1975

Florence Cirbright

Notary Public, residing at Boise

My commission expires 4-20-78

(Seal)

Signed Leon E. Danielson

(Signature of Any Credible Person)

Cambridge Ida

(Street Address, City, State)

FORM DH 60-155

Own child's birth certif on file in Idaho (# 211915) gives child'snameas as Shirley Marlene Westfall born April 24, 1933. mother's name given as Margaret Carrie Allison. viewed by V. S.

Driver's license from Oregon gives name as Margaret C. Westfall. dated April 11, 1944. Number 5R584119. ~~xxxx~~ age 30 years. viwed by V. S.

OCT 27 1975

466-229-044-249

Form V. S. No. 51-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 88 File No. 17450

Primary Registration District No. 2164 Registered No. .....

FULL NAME OF CHILD JESSIE G. MOORE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.		3	Yes	Nov 29 1919

FATHER	MOTHER
FULL NAME Jessie L Moore	FULL MAIDEN NAME Lalee C Smith
RESIDENCE Cambridge Ida.	RESIDENCE Cambridge Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Oregon
OCCUPATION Ranchman	OCCUPATION Home Work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive. (Born alive or stillborn) at 7 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D. (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 29 19 19 C E Schmuck Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. FEB 8 1943 Certificate No. 17450

County of Washington } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for ____ (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 29 - 1913 (DATE OF EVENT)

in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bankers Life Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 29, 1929 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Jessie G. Moore

Subscribed and sworn to before me this 4th day of February, 1943

Margaret Vogel

Notary Public, residing at Cambridge Idaho

My commission expires May 16, 1945

(SEAL)

Signed X Mattie Smith Moore

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cambridge Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 1943

Margaret Vogel

Notary Public, residing at Cambridge, Idaho

My commission expires ____

(SEAL)

Signed X Jesse Grant Moore

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cambridge Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____

(REGISTRAR'S SIGNATURE)

FEB 8 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE [redacted] V. S. [redacted]
BUREAU OF VITAL [redacted]TICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

485-216-044-366 Registration District No. 88 File No. 17451

No. St.

Primary Registration District No. 2164 Registered No.

Hospital

FULL NAME OF CHILD LOUISE GENEVIEVE MYERS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rule ~~Myers~~ MYERS	FULL MAIDEN NAME	Irene Looney
RESIDENCE	Cambridge	RESIDENCE	Cambridge Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	California	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz
MD.
(Physician or midwife)

Given names added from a supplemental report

19

Address Cambridge Idaho

Filed Nov 30 1913 C E Schmutz
Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 22 1942

County of Washington }

Certificate No. 17451

Date Filed Dec 9

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Louise Genevieve Myers (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov 1 16 (DATE OF EVENT)

in Cambridge Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Cambridge Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 16 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Louise Genevieve
Surname	Meyers	Myers

Subscribed and sworn to before me this 21st day of December 19 42.

E. Morell

Notary Public, residing at Mtn. Home, Ida.

My commission expires June 7th, 1943.

(SEAL)

Signed Irene E. Looney Myers

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mountain Home, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida o } ss.

County of Elmore }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of December, 19 42.

E. Morell

Notary Public, residing at Mtn. Home, Idaho.

My commission expires June 7th, 1943.

(SEAL)

Signed Winnie H. Knight

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Mountain Home, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

DEC 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] AND STATISTICS

BIRTH

PLACE OF BIRTH

993-230-931-418

County of Twin Falls

City of Mohler

Registration District No. 50 File No. 17452

No. St.

Primary Registration District No. 3129 Registered No. 24

Hospital

FULL NAME OF CHILD unnamed Thelma Mary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jessie I Richardson	Jennie Day
RESIDENCE	Mohler Idaho	Mohler Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	35
BIRTHPLACE	Oregon	Kansas
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5- a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Mo Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 1 19 13 H. C. Parrish
Registrar

S-Y CO. 20174

296 - 130 - 031 - 295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. [illegible]

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 17453

Primary Registration District No. 2129 Registered No. 23

FULL NAME OF CHILD Leslie Paul Brannan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Nov 30 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert Hardy Brannan	Luella Hart Smith
RESIDENCE	Mohler Idaho	Mohler Idaho
COLOR	White	white
AGE AT LAST BIRTHDAY	22 (Years)	19 (Years)
BIRTHPLACE	Oakesdale Wash	Iowa
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Mohler Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 1 1913 H. C. Parrish

Registrar

Registrar

8-Y CO. 20174

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

154-1[illegible]-[illegible]-667

PLACE OF BIRTH

County of Lewis

City of Vollmer

No. ..... St.

Hospital .....

Registration District No. 5 File No. 17454

Primary Registration District No. 2129 Registered No. 22

FULL NAME OF CHILD Clair Lain Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clyde Ray Anderson	FULL MAIDEN NAME	Bessie Mae Fagg
RESIDENCE	Vollmer, Ida.	RESIDENCE	Vollmer, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Rock Co. Neb.	BIRTHPLACE	Pullman, Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Vollmer, Ida.

Filed Dec - 2 - 1913 H. C. Parrish

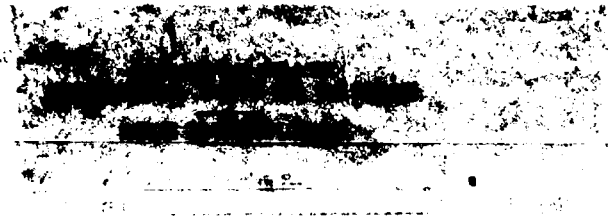
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 21 1942

266-116-031-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

County of Gem

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50 File No. 17455

Primary Registration District No. 2129 Registered No. 21

FULL NAME OF CHILD James Warren Bowles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) - 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Elgie Bowles	FULL MAIDEN NAME	Alice Louise McCorkel
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ilo Idaho

Filed Nov 20 1913 H. C. Parrish

Registrar

Registrar

S-Y CO. 20174

K

SEP 4 1942

SEP 9 1942

DECEASED

749-116-031-46

PLACE OF BIRTH

County of Teton

City of Mohler

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 17456

Primary Registration District No. 2129 Registered No. 20

FULL NAME OF CHILD [redacted] Ernest Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	11 (Month) 16 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Ernest Albert Guard	FULL MAIDEN NAME Ruby Marion Donaldson
RESIDENCE Mohler Ida	RESIDENCE Mohler Ida
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR White	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Moscow Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Mohler Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1913 H. C. Parrish

Registrar

..... Registrar

8-Y CO. 20174

of each, in order of birth stated.

JAN 10 1966

PLACE OF BIRTH

DEC 2 19

866-208
031-765

PLACE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

Registration District No. 50

Primary Registration District No. 2129

File No. 17457

Registered No. 19

FULL NAME OF CHILD unnamed Lena Arta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) - 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alpha E. Howerton	FULL MAIDEN NAME	Sarah K Fontz
RESIDENCE	Ilo Idaho	RESIDENCE	Ilo Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Livermore	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ilo Idaho

Filed Nov 10 1913 H. C. Parrish Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each [illegible] number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 8 1942

PLACE OF BIRTH

(Number of

266-102-031-216

Form V. S. [redacted]

PLACE OF BIRTH

County of Lewis

City of Ilo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 17458

Primary Registration District No. 2129 Registered No. 18

FULL NAME OF CHILD unnamed Ralph Lester

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	11 (Month) - 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert L. Bowles	FULL MAIDEN NAME	Mary Ellen Sawin
RESIDENCE	Ilo, Idaho.	RESIDENCE	Ill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-57 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ilo Idaho

Filed Nov 10 1913 H. C. Parrish

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

659-209-015-445

PLACE OF BIRTH

Form V. S. No. 11—10m-6-

County of Custer

City of Mackay Idaho

Registration District No. 707 File No. 17459

No. ..... St.

Primary Registration District No. 2187 Registered No. 8

Hospital Res

FULL NAME OF CHILD Martha E Weierman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Nov 9th 1913

FATHER	MOTHER
FULL NAME: Jake Weierman	FULL MAIDEN NAME: Gula Munbower
RESIDENCE: Mackay	RESIDENCE: Mackay
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Ind
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) Dan Baker

Mackay (Physician or Midwife)

Address .....

Filed DEC 19 13 J. P. Richards Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Custer

DUPCO 1913-340173

613-223-019-413

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11

County of Custer

City of Mackay

No. , St.

Hospital Res

Registration District No. 109

File No. 17460

Primary Registration District No. 2187

Registered No. 9

FULL NAME OF CHILD Eda Fallini

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	Nov (Month) 23 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carlo Fallini	FULL MAIDEN NAME	Rachele Datres
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Baker

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address Mackay Idaho

Filed Dec 1913 L P Richards

Registrar

Registrar

8-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

T

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of Mackay

No. 212-111-019-191 St.

Hospital

Registration District No. 109

File No. 17461

Primary Registration District No. 2187

Registered No. 10

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		—	yes	11/11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Enrique Sabala	FULL MAIDEN NAME	Maria Arascada
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Given names added from a supplemental report

19

Address Mackay Ida

Filed 19 J P Reimers

Registrar

Registrar

S-Y CO. 20174

[redacted]

PLACE OF BIRTH

[redacted]

959-110-019-795

Form V. S. No. 11-C—20[illegible]

PLACE OF BIRTH

ST[illegible]HO
BUREAU [illegible]TATISTICS
CER[illegible]RTH

County of Custer

City of Mackay

No. ..... *St.*

Hospital .....

Registration District No. 109 **File No.** 17462

Primary Registration District No. 2187 **Registered No.** 11

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
boy	—		—	yes	11 (Month) / 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A C Ivie	FULL MAIDEN NAME	Mary C Green
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Address Mackay Ida

Filed ..... 19 ..... [illegible] P Richards
Registrar

Given names added from a supplemental report

..... 19 .....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. Na.-11-C—Corp.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

PLACE OF BIRTH

County of Custer

City of Mackay

No. 864-127-019-669 St.

Hospital

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17463

Registration District No. 109 File No.

Primary Registration District No. 2187 Registered No. 12

FULL NAME OF CHILD Merle Milton Young

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			yes	July 27 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. B. Young	FULL MAIDEN NAME	Pearl Wonnels
RESIDENCE	Lost River	RESIDENCE	Mackay
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or midwife)

Address Mackay Ida

Filed Aug 19 13 [illegible] Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Moore

No. 268-115-007-751 St.

Hospital

Registration District No. 109

File No. 17464

Primary Registration District No. 2187

Registered No. 13

FULL NAME OF CHILD JOHN Elwin Boyle

Sex of Child Boy

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Sept 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elexander Boyle	FULL MAIDEN NAME	Hannah Pearson
RESIDENCE	Moore Ida	RESIDENCE	Moore Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Moore	BIRTHPLACE	Moore
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R. E. Mason

(Physician or midwife)

Given names added from a supplemental report

19

Address Mackay Idaho

Filed Nov. 29 1913

J. P. Richmond

Registrar

Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of Elko } ss.

Certificate No. 17464

Date Filed March 26, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elwin Boyle (Name on Original Certificate) who was born (Was Born or Died) on September 15, 1913 (Date of Event)
in Moore, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 19, 1932 Blackfoot Idaho (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elwin Boyle	John Elwin Boyle

Subscribed and sworn to before me this 26th day of March, 19 42

Walter Gale

Notary Public, residing at Mountain City, Nev.

My commission expires MY COMMISSION EXPIRES JAN. 26, 1946 (Seal)

Signed Lloyd E Boyle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rio Tinto, Nevada
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada }
County of Elko } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 19 42

Walter Gale

Notary Public, residing at Mountain City, Nev.

My commission expires MY COMMISSION EXPIRES JAN. 26, 1946 (Seal)

Signed W. H. Wright
(Signature of Any Credible Person Other Than Previous Year)

Mountain City, Nevada
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

133-210-019-386

City of _____

No. _____ St.

Hospital _____

Registration District No. [illegible] [illegible] 1985

Primary Registration District No. 2187 Registered No. 14

FULL NAME OF CHILD Edna Ruth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Oct. 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto Altermatt	FULL MAIDEN NAME	Dorothy Thomas
RESIDENCE	Leslie	RESIDENCE	Leslie
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R.E. Mason

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Mackay Ida

Filed Oct [illegible] [illegible]

_____ Registrar

S-Y CO. 20174

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than [illegible] RETURN must be made for each and the number [illegible] birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form [illegible]

17466

County of Bingham

City of Aberdeen

125-228-006-295

No. ..... St.

Registration District No. 116 File No. .....

Primary Registration District No. 2195 Registered No. 21

Hospital .....

FULL NAME OF CHILD Sara Abercrombie

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joel Clinton Abercrombie	FULL MAIDEN NAME	Norma Alice Burchan
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen, Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	[illegible]	OCCUPATION	Housewife

Number of child of this mother, including present birth: Fourth

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) McCuskinnon, MD.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 29 1913 McCuskinnon Registrar

S-Y CO. 20174

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 18 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. 238-118-006-852 St.

Registration District No. 116

File No. 17467

Primary Registration District No. 2195

Registered No. 20

Hospital

FULL NAME OF CHILD John Schmidt

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry P. Schmidt	FULL MAIDEN NAME	Annie Hebert
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Russia	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida

Filed Nov 24 1913 McMacKinnon

Registrar

Registrar

R-Y CO. 20174

Form V. S. No. 11-O—20m-3-15-)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 17467

stered No

PLACE OF BIRTH

County of Bonneville

MARGIN RESERVED FOR
ISIRT INK SPECIFICATION

413-228-006-791

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 116 File No. 17468

Primary Registration District No. 2195 Registered No. 19

FULL NAME OF CHILD Myrtle Dalton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francis Marion Dalton	FULL MAIDEN NAME	Hattie Prather
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F. Noth

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address American Falls, Idaho.

Filed [illegible] 19 13 [illegible] Kinnon

Registrar Registrar

S-Y CO. 20174

MARGIN [illegible] ON BINDING

WRITE PLAINLY [illegible] THIS IS A PERMANENT RECORD

N. B. In case [illegible] must be made for each and the number

PLACE OF BIRTH

JUL 19 56

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

869-114-006-949

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 17469 1

Primary Registration District No. 2195 Registered No. 18

FULL NAME OF CHILD Walter Rudolph Horsch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	Yes	Nov. 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rudolph Horsch	FULL MAIDEN NAME	Lizzie Kurrmann
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth First Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 14 1913 M C MacKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 17469

Registered No.

PLACE OF BIRTH

County of

DEC 15 1975

MARGIN RESERVED FOR BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child [illegible] RETURN must be made for each and the number of each [illegible] of birth stated.

816-112-006-215

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116

Primary Registration District No. 2195

File No. 17470

Registered No. 17

FULL NAME OF CHILD Christian Haffner Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Christian C. Haffner	FULL MAIDEN NAME	Fredericka Sandau
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen Ida

Filed Nov 13 1913 M C MacKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO

DUP OF 1913 – 299854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] County of [redacted]

City of Nampa Registration District No. [redacted] File No. 17[redacted]

No. 2 Miles South Nampa Primary Registration District No. [redacted] Registered No. [redacted]

Hospital x

FULL NAME OF CHILD Joseph Herman Lalonde

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	yes	Nov 5 1913

FATHER		MOTHER	
FULL NAME	Mose Lalonde	FULL MAIDEN NAME	Angelina Torrens
RESIDENCE	2 Miles South Nampa	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1913 P. D. Calan[redacted]

..... Registrar

S-Y CO. 20174

[redacted]

Form V.S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted]

FEB 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-319

[redacted] 11-C—20m-2-[redacted]

[redacted]

County of Canyon

City of Nampa

Registration District No. _____ File No. 17472

No. Cor 14 + 2nd St. S

Primary Registration District No. 7 Registered No. _____

Hospital x

FULL NAME OF CHILD x Mildred Emma King

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	x		x	yes	Nov (Month) 16 (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George King	FULL MAIDEN NAME	Edith Larsen
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Kansas
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 15 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Idaho

Filed Nov 20 1913 S. D. Colonna Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

168-102-014-632

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of ✓

No. ..... *St.*

Hospital .....

Registration District No. .....

Primary Registration District No. 7

File No. 17473

Registered No. .....

FULL NAME OF CHILD Johnson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 3 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wesley H. Johnson	FULL MAIDEN NAME	Olga Olson
RESIDENCE	Near Meridian	RESIDENCE	Near Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Pa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Filed Nov 10 1913 S. D. Calonge Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

149-118-014-753

Form V. S. No. 11-C—20m-2-15-[illegible]

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 17474

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 18 (Month) (Day) [illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benj. F. Amis	FULL MAIDEN NAME	Bessie Peterson
RESIDENCE	Nampa Ida	RESIDENCE	Do. 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Wise
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. D. Calanga M.D.

Nampa Ida (Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Nov 20 1913 B. D. Calanga Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 8 1970

CERTIFICATE OF BIRTH

512-109-014-945

Form U. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Hospital ✓

Registration District No. ✓

File No. 17475

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD VERNON WENDELL EASON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 9 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert A Eason	FULL MAIDEN NAME	Rosa Swelser
RESIDENCE	Nampa Ida	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nev.	BIRTHPLACE	Nev.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 9 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Nov 16 1913 S. D. Calonge
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 174 75

Date Filed 2-4

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov. 9, 1913 (DATE OF EVENT)
in Nampa Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	omitted	Vernon Wendell Eason

Subscribed and sworn to before me this 7
day of Feb., 19 42.

S. L. Gill

Notary Public, residing at Boise, Ida.

My commission expires 5-2-44
(SEAL)

Signed X Rosalie Eason

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1210 No. 16th - Boise, Ida.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

FEB 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

City of Princeton

816-218-029-141

No. ....., ... St.

Registration District No. 65.

File No. 17476

Primary Registration District No. 2145.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Fern Jone. Hawkins.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female.	✓		✓	yes.	Sept. 18, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Charles R. Hawkins.	FULL MAIDEN NAME	Clara A. Adair.
RESIDENCE	Princeton.	RESIDENCE	Princeton.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	34. (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 rd

Number of children, of this mother, now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. N. Cook.

M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Princeton.

Filed Nov-15 1913 Dr. J. W. Thompson

Registrar

Registrar

S-Y CO., 16669

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

295-210-029-193

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10[illegible]

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 65

File No. 17477

No. ....., ... St.

Primary Registration District No. 2145.

Registered No. .....

Hospital .....

FULL NAME OF CHILD Phyllis. Elizabeth. Kinsman.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	Yes.	Nov 10, 1913.

FATHER		MOTHER	
FULL NAME	Thomas. Lewy. Kinsman.	FULL MAIDEN NAME	Laura Arthur
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	26. (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Iowa.
OCCUPATION	School. Teacher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

(Signature) Dr. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch

Filed Dec. 2nd 19[illegible] Dr. J. W. Thompson

Registrar

Registrar

S-Y CO., 18659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 19 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Form V. S. No. 11—10m-6-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Potlatch

352-103-029-294

No. ..... St.

Registration District No. 65

17478

Primary Registration District No. 2145

Hospital .....

FULL NAME OF CHILD Rino Romeo Cesaratto.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Nov 3 1913.

FATHER		MOTHER	
FULL NAME	Candido Cesaratto.	FULL MAIDEN NAME	Nora Bidoggia
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Italy.	BIRTHPLACE	Italy.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

(Signature) D. J. W. Thompson M. D.

(Physician or Midwife)

Address Potlatch Idaho

Filed Nov 24th 19 13. D. J. W. Thompson Registrar

S-Y CO., 16669

JAN 23 1943

APR 20 1973

714-201-029-849

PLACE OF BIRTH

[redacted] OF IDAHO

[redacted] Vital Statistics

Form V. S. No. 11—10m-6-20-11

County of Latah.

City of Potlatch

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 65.

File No. 17479

Primary Registration District No. 2145.

Registered No. .....

FULL NAME OF CHILD Christine Floretta Gamble.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female	✓	✓	yes.	Nov 1

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter J. Gamble.	FULL MAIDEN NAME	Mira L. Quiggle.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	28.	AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Pa.	BIRTHPLACE	Pa.
OCCUPATION	Railroad Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 2

Number of children, of this mother, now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. W. Thompson

M. D.

(Physician or Midwife)

Address Potlatch Idaho

Filed Nov. 18 1913. D. J. W. Thompson

Given name added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued Nov. 22, 1940. E.W.

259-210-029-459

Form V. S. [redacted]

PLACE OF BIRTH

County of Latah

City of Pollatch

No. 872 Cedar St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 65

File No. 17480

Primary Registration District No. 2145

Registered No.

FULL NAME OF CHILD Not named

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Flem.	✓		✓	Yes	Nov (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Cyrus C Berry	FULL MAIDEN NAME	Essie Merica
RESIDENCE	Pollatch Idaho	RESIDENCE	Pollatch Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Dartt

MD

(Physician or midwife)

Given names added from a supplemental report

19

Address Palouse Wn

Filed Nov 10th 1913

Dr. J. W. Thompson

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

255-202-029-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of _____

No _____, _____ *St.*

Hospital _____

Registration District No. 65 **File No.** 17481

Primary Registration District No. 2145 **Registered No.** _____

FULL NAME OF CHILD Not named Davis Fern Kent

Sex of Child	"Twin," Triplet — or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Female		Yes	July (Month) 2 (Day) 13 191 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Arthur E. Kent		Hazel Veenna Lazell
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2/30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D R Harrison MD

(Physician or Midwife)

Given names added from a supplemental report

_____, 19____

Address Palouse Wn

Filed Nov 15th 1913 D. J. Thompson

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

563-216-029-963

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of _____

No _____, _____ *St.*

Hospital _____

Registration District No 65 **File No.** 17482

Primary Registration District No. 2145 **Registered No.** _____

FULL NAME OF CHILD Christene Wilhelmina Vollmer

Sex of Child	"Twin," "Triplet" or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 16 1913

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	William E. Vollmer		Leta E. Rothwell
RESIDENCE	Latah Co.	RESIDENCE	Latah Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Russia	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1/30 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison MD

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Palouse Wash

Filed Nov 20 1913 D. G. W. Thompson

_____ *Registrar* *Registrar*

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, [illegible] of each, [illegible]

County of [illegible]

City of Gifford

Registration District No. 92

File No. 17483

No. ..... St.

Primary Registration District No. 2170

Registered No. 17

Hospital .....

FULL NAME OF CHILD Nora Ida Meta Riggers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
T.	S		\	yes	11 (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Riggers	FULL MAIDEN NAME	Elizabeth Oelschlager
RESIDENCE	Gifford	RESIDENCE	Gifford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Mo
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) at 4 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11 – 2 1913

E. E. Watts
Registrar

S-Y CO. 20174

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-D—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

City of Malad

415-20-036-165 No. St.

Registration District No. 26

File No. 17484

Primary Registration District No. 2069

Registered No. 252

Hospital

FULL NAME OF CHILD Elinore Daisy Mandry

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 1 191[illegible]

FATHER		MOTHER	
FULL NAME	Wm Mandry	FULL MAIDEN NAME	Daisy Jones
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Malad Ida
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Malad Ida

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 8 1913 D Ray Registrar

S-Y CO. 20174

[redacted]

MAY 2 0 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon

Certificate No. 17484

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Mandry (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct 1, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by / (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Elinore Daisy Mandry

Subscribed and sworn to before me this 3 day of February, 19 77.
Laura E. Crandall
Notary Public, residing at Malad, Ida.
My commission expires 6-15-79
(Seal)

Signed James W Q Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RH 1, Malad, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9 day of February, 19 77.
Laura E. Crandall
Notary Public, residing at Malad, Ida.
My commission expires 6-15-79
(Seal)

Signed Dan M Thomas
(Signature of Any Credible Person)
RH 1, Malad, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 5/19/76

Own child's birth certificate on file in Utah gives name of mother' as Elinore Daisy Mandry. child's nameas ~~Shey~~ Sheryl Elinore Pugsley born Oct4, 1942, father's name ~~as~~ as Phillip A. Pugsley. viewed by V. S. APR 6 1977

Family Bible record gives nameas Elinore Daisy Mandry. born Wednesday morning on Oct 1, 1913 in Malad City, Idaho viewed by V. S.

65-109-036-284

Form V. S. No. 11-O—20m-2-16-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 17485

Primary Registration District No. 2069 Registered No. 253

FULL NAME OF CHILD Orin James Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 9 1913

FATHER		MOTHER	
FULL NAME	James T Jones	FULL MAIDEN NAME	Sadie M Shupe
RESIDENCE	Malad Ida	RESIDENCE	Malad Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Malad Ida	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad Ida

Filed Nov 8 1913 D E Ray

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V.S. No. 11-C—20m-2-15

562-212-036-551

Form V. S. No. 11-C—20m-8-[illegible]

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17486

Primary Registration District No. 2069 Registered No. 255

FULL NAME OF CHILD .....

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Noble	FULL MAIDEN NAME	Fanny Evans
RESIDENCE	Arbon Ida	RESIDENCE	Arbon Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	HouseWife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad Ida

Filed Nov 8 1913 D. C. Ray

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

993-227-036-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26 File No. 17487

Primary Registration District No. 2069 Registered No. 256

FULL NAME OF CHILD Loraine Lois Richards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	7 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John M Richards	FULL MAIDEN NAME	Olive Maria Hunsaker
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	barber	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Idaho

Filed 8-1 1913 D C Ray Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 7 1958

962-11-036-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STA[illegible]
BUREAU O[illegible]
CERTI[illegible]

County of Oneida

City of Samaria Registration District No. 76 File No. 17488

No. St. Primary Registration District No. 2069 Registered No. 257

Hospital

FULL NAME OF CHILD Gerald Facer Robbins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		2	yes	Oct 11 1913

FATHER		MOTHER	
FULL NAME	John Robbins	FULL MAIDEN NAME	Mary Eliza Facer
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Snowville Utah	BIRTHPLACE	Willard Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Regan

Midwife (Physician or midwife)

Address Samaria Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 5 19 13 D Ray
Registrar

S-Y CO. 20174

[redacted]

PLACE OF BIRTH

295-120-036-313

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Malad

Registration District No. 26 File No. 17489

No. ....., ... St.

Primary Registration District No. 2069 Registered No. 258

Hospital .....

FULL NAME OF CHILD Joseph Worth Kingsbury

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	1	5	yes	10 (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Rhalil Rahlid Kingsbury	FULL MAIDEN NAME	Cecil Calkins
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Milford Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 - A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

M D
(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Malad Ida

Filed Nov 5 1913 D C Ray

..... Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

US 6-109-036-356

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V.

Registration District No. 26 File No. 17490

Primary Registration District No. 2069 Registered No. 259

FULL NAME OF CHILD Ira Dewey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	5	Yes	10 - 9 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Dewey	Estella Lewis
RESIDENCE	Hyde Park, Ida.	Hyde Park
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	27
BIRTHPLACE	Logan Ut	Logan Ut
OCCUPATION	Farmer	Home w/ He.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Reeves. M.D.

(Physician or Midwife)

Address Malad Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11/1 19 13 D C Ray

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

10/5/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss. OCT 20 3 51 PM '76

Certificate No. 17490

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Dewey (Name on Original Certificate) who was born (Was Born or Died) on October 9, 1913 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Dewey	Ira Neely Dewey

Subscribed and sworn to before me this 5 day of October, 1976

[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Certif of birth from the LDS Church gives name as Ira Dewey born Oct 9, 1913 at Malad, Idaho. father's name as George C. Dewey and mother's maiden name as Fannie Loveland. entered on record Feb 1, 1914. viewed by V. S.

NOV 16 1976

Certificate of Ordination from the LDS Church givs nameas Ira Dewey. dated Dec 2, 1925 born as Malad, Idaho. Baptized Oct 12, 1922. viewed by V. S.

864-105-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—28m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17492

Primary Registration District No. 2069 Registered No. 261

FULL NAME OF CHILD Kenneth Jones Young

Sex of Child: male | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: 10 (Month) 2 (Day) 1913 (Year)

FATHER

FULL NAME: Chas E. Young

RESIDENCE: Malad City Idaho

COLOR: white AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Carpenter

MOTHER

FULL MAIDEN NAME: Eliza M. Jones

RESIDENCE: same

COLOR: white AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Filed 10/10 1913 D C Ray

Deputy

3/27/41 Z.J.

819-212-036-415

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17493

Primary Registration District No. 2069 Registered No. 26

FULL NAME OF CHILD Gladys Fern Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	10-12-1913

FATHER		MOTHER	
FULL NAME	Oliver W. Harris	FULL MAIDEN NAME	Eliza Pearl Davis
RESIDENCE	Malad City R.F.D. # 11	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah.
OCCUPATION	farmer	OCCUPATION	housewife.-

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 35 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Malad City Idaho

Filed 10/15 1913 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 5 1967 Bureau of Vital Statistics

State of Idaho } ss.
County of Bannock

Certificate No. 17493

Date Filed April 3, 1967

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Harris (female child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1913 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance + High school Diploma (Bible Record, Insurance Policy, Etc.) prepared on 5-1057 - May 5 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Gladys Fern Harris

Subscribed and sworn to before me this 3rd day of April, 1967

[signature]

Notary Public, residing at Pocatello Idaho

My commission expires 5-1-68

(Seal)

Signed Hazel D Mottershaw Aunt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

344 McKinley Pocatello Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1967

[signature]

Notary Public, residing at Pocatello Idaho

My commission expires 5-1-68

(Seal)

Signed William H. Mottershaw

(Signature of Any Credible Person)

344 McKinley Pocatello Idaho

(Street Address, City, State)

FORM DH 60-155 CL 11-1-66. nm

Own Child's Birth Cert. on file: (Idaho Birth) #324234 gives full name of mother as Gladys Fern Harris - viewed by V.S.

APR 14 1967

McCammon High School Diploma, McCammon, Idaho May 5, 1932 gives full name as Gladys Fern Harris - viewed by V.S.

68-214-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17494

Primary Registration District No. 2069 Registered No. 263

FULL NAME OF CHILD Sarah Fredrickson

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth 10 (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Fredrickson	FULL MAIDEN NAME	Sarah E Jones
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.48 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City Idaho

Filed 10/15 1913 D C Ray

..... Registrar

Registrar

S-Y CO. 24655

JAN 17 1968

847-222-036-386

Form V. S. No. 11-C

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17495

Primary Registration District No. 2069 Registered No. 264

FULL NAME OF CHILD Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	10 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Hughes	FULL MAIDEN NAME	Elizabeth Ann Thomas
RESIDENCE	Samaria	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Idaho

Filed 10/25 1913 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

413-123-036-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17496

Primary Registration District No. 2069 Registered No. 265

FULL NAME OF CHILD George Joseph Dalton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (If number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	10 23 1913

FATHER		MOTHER	
FULL NAME	George Dalton	FULL MAIDEN NAME	Sarah Jane McKay
RESIDENCE	Malad City	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Clerk Genl store	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 10/25 19 13 D C Ray Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Gneiss

No. 214-126-029-814 St.

Registration District No. 62

File No. 17497

Hospital

Primary Registration District No. 2142

Registered No. 21

FULL NAME OF CHILD Charles Sampson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M		Yes	Nov (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Sampson	FULL MAIDEN NAME	Pearl Hanouch
RESIDENCE	Gneiss Idaho	RESIDENCE	Gneiss
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Gneiss Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 12-2 1913 W. H. Ehem Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted]

Form V. S. No. 11-C—10m-54

STATE OF IDAHO

Bureau of Vital Statistics

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-[illegible]

[redacted] OF IDAHO

[redacted] of Vital Statistics

CERTIFICATE OF BIRTH

County [redacted]

City of

No. 963-121-035-213 St.

Registration District No. 62

File No. 17498

Primary Registration District No. 2142

Registered No. 20

Hospital

FULL NAME OF CHILD Alfred Joseph ~~Roth~~ ROTH

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Nov 23 1913

FATHER		MOTHER	
FULL NAME	Joseph ~~Roth~~ ROTH	FULL MAIDEN NAME	Bertha Baldus
RESIDENCE	PO Guesse Idaho	RESIDENCE	PO Guesse Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ohio	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Tromy

Guesse Idaho (Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed 12-2 1913 W. N. Elm

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17498

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Rolte	Roth
Date	Nov. 23rd	Nov. 21, 1913

Subscribed and sworn to before me this 16th
day of June, 1942

Notary Public, residing at Lewiston Idaho
My commission expires December 6th 1943
(Seal)

Signed Mrs. Bertha Roth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

722-4th Street Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nezperce } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of June, 1942

Notary Public, residing at Lewiston Idaho.
My commission expires Dec 6th 1943.
(Seal)

Signed Mrs Clara Friedericks
(Signature of Any Credible Person Other Than Previous Year)

523-5th Ave Lewiston Idaho.
(Street Address, City, State)

JUN 29 1942

JUL 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

473-126-[redacted]-314

City of ..... Registration District No. 62 File No. 17499

No. ..... St. Primary Registration District No. 2142 Registered No. 16

Hospital .....

FULL NAME OF CHILD Orsine Earl Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	10 (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chris Miller	FULL MAIDEN NAME	Effie Lambert
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housemp

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov. 12 1913 W. H. Chem Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 11 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] OF BIRTH

[illegible] Latah

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Genesee

Registration District No. 62

File No. 17500

No. 819-120-029-599 St.

Primary Registration District No. 2142

Registered No. 17

Hospital

FULL NAME OF CHILD Lawrence Robert Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	Nov (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Harris	FULL MAIDEN NAME	Anna Evitz
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Id
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Toomey

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-28 1913 W. N. Chen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fatah

City of Geneva

No. 234-120-029-395 St.

Hospital

Form V. S. No. 11[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 17501

Primary Registration District No. 2142 Registered No. 18

FULL NAME OF CHILD Geo. Walter Henry Blume

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	—	—	Yes	11 (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Blume	FULL MAIDEN NAME	Mary Tiole
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Ehem M D

(Physician ~~or midwife~~)

Given names added from a supplemental report

Address Geneva

19

Filed 11-21 1913 W H Ehem

Registrar Registrar

S-Y CO. 20174

SEP 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Genesee

No. 993-227-029-239 St.

Registration District No. 62

File No. 17502

Primary Registration District No. 2142

Registered No. 19

Hospital

FULL NAME OF CHILD Malvia Richardson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse Richardson	FULL MAIDEN NAME	Wilma Strohm
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wash Whitman Co.	BIRTHPLACE	Wash Whitman Co.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C F Tuomy

Genesee Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed 11-28 1913 C. N. Ehem

Registrar

Registrar

S-Y CO. 20174

Z Father name

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jerome

City of Payette

Registration District No. 4

File No. 17503

No. ..... St.
381-102-014-569

Primary Registration District No. 7008

Registered No. 281

Hospital .....

FULL NAME OF CHILD William Norris Chandler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Malcolm D Chandler	FULL MAIDEN NAME	Mary Ellen Norris
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	~~[illegible]~~ So. Dak.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I R Woodward

Phys.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette, Ida

Filed Nov. 5th 1913 J C Woodward

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 4

File No. 17504

No. , St.

Primary Registration District No. 1008

Registered No.

Hospital

FULL NAME OF CHILD Wm Franklin Price

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Nov 4 1913

FATHER		MOTHER	
FULL NAME	Milton Ray Price	FULL MAIDEN NAME	Willa Harwell
RESIDENCE	Falk	RESIDENCE	Falk
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Paradise Nevada	BIRTHPLACE	Mulen Texas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah E Hoagland

midwife (Physician or Midwife)

Given name added from a supplemental report

, 19

Registrar

Address

Filed Nov 5 1913 J B Woodward Registrar

S-Y CO., 16669

4/21/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible] 2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 751-207-014-295 St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 17505

Registered No. 283

FULL NAME OF CHILD MARIE LORRAINE PEASE

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fem.		Yes	Nov. 7. 1913 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	James E. Pease	FULL MAIDEN NAME	Alpha King
RESIDENCE	Payette, Idaho	RESIDENCE	Payette, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.10 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Phys. (Physician or midwife)

Address Payette, Ida.

Given names added from a supplemental report

19

Registrar

Filed 11/8/13 19 J. C. Woodward Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wash } ss.
County of King

Certificate No. 17505

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Marie Lorraine Pease (Name on Original Certificate) who Born (Was Born or Died) on Nov 7 1913 (Date of Event)
in Providence Hosp (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by mother (Bible Record, Insurance Policy, Etc.) prepared on March 5th 42 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Marie Lorraine Pease

Subscribed and sworn to before me this 5th
day of March, 1942

Notary Public, residing at Seattle
My commission expires May 22-1942
(Seal)

Signed Mrs. V. D. Russell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4035 Meridian Seattle
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of March, 1942

E. F. Fitzpatrick

Notary Public, residing at Seattle
My commission expires Nov 6th 1945
(Seal)

Signed Mrs Selma Sherman
(Signature of Any Credible Person Other Than Previous Year)

3652 Interlake Ave
(Street Address, City, State)
Seattle Washington

MAR 1 5 1942

JUN 5 19
APR 4 1973

319-123-014-693

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 1403 N. Sixth St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 17506

Registered No. 284

FULL NAME OF CHILD ~~Unnamed~~ Harry Robert Cartwright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 23 1913

FATHER		MOTHER	
FULL NAME	Harry F. Cartwright	FULL MAIDEN NAME	Ethel Wilson
RESIDENCE	Big Willow	RESIDENCE	With husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Telephone lineman	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette, Idaho

Filed Nov. 12 1913 J. C. Woodward Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 2 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

County of Canyon

City of Payette

Registration District No. 4 File No. 17507

No. 601 N Ninth St.

595-126-014-957

Primary Registration District No. 1008 Registered No. 285

Hospital

FULL NAME OF CHILD Robert Burns Nielsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct 26 1913

FATHER

FULL NAME: J. R. Nielsen

RESIDENCE: 601 N Ninth St

COLOR: White AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Teacher of Music and Drawing

MOTHER

FULL MAIDEN NAME: Mary Ingard

RESIDENCE: 601 N Ninth St.

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 4:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. K. Avery

Physician (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 13 1913 J. O. Woodward Registrar

B-Y CO. 20174

AUG 7 1942

OCT 1 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [redacted]

962-105-614-666

City of _____ Registration District No. 4 File No. 17508

No. _____ St. Primary Registration District No. 1008 Registered No. 286

Hospital _____

FULL NAME OF CHILD [redacted] JAMES D. ROSENBERG

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Nov 5 1913

FATHER	MOTHER
FULL NAME E. B. Rosenberg	FULL MAIDEN NAME Alberta M. Fowler
RESIDENCE Two miles South of Payette	RESIDENCE with husband
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minnesota
OCCUPATION Farmer	OCCUPATION Music teacher

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avey

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Nov. 12 1913 J. C. Woodward Registrar

S-Y CO. 20174

[redacted]

MAR 6 [redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Joaquin }

Certificate No. 17508

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for James Don Rosenberg (Name on Original Certificate) who Was born (Was Born or Died) on Nov 5-1913 (Date of Event) in Washoe Payette Co (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Nov 6-1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	James D. Rosenberg
Nov. 5 1913		

Subscribed and sworn to before me this 13 day of [illegible], 1942

[illegible]

Notary Public, residing at Lodi, Calif.

My commission expires [illegible]
(Seal)

Signed Alberta May F. Rosenberg (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1942

FEB 16 1943

FEB 2 1976

191-206-04-236

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No _____ St.

Hospital _____

Registration District No. 4

Primary Registration District No. 1008

File No. 17509

Registered No. 287

FULL NAME OF CHILD Unnamed Ednah Brannock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 6 1913

FATHER	MOTHER
FULL NAME G. W. Brannock	FULL MAIDEN NAME Della Stoneman
RESIDENCE Six miles North of Payette	RESIDENCE with husband
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE North Carolina	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Payette, I. D. Idaho (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Nov 13 1913 J. C. Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17509

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Brannock (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 6, 1913 (Date of Event)

in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ednah Brannock
Ednah Earl Brannock		
Nov. 6, 1913		

Subscribed and sworn to before me this 31st day of March, 19 66

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Goldie Brannock Rehberg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Goldie Brannock Rehberg
(Street Address, City, State)

~~SUPPORTING AFFIDAVIT OF [illegible]~~ 1390 Quinn Road

State of Oregon } ss.
County of Marion }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)] Woodburn

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of March, 19 66

Notary Public, residing at Marion County
My commission expires March 4, 1968
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

1320 James Avenue Woodburn, Ore
(Street Address, City, State)

FORM DH 60-155 CL 3-17-66. one copy pd. rec. #10706.

Statement from Mrs. Morine Crum, Records Clerk, Yakima Public Schools, Yakima, Washington, states "Ednah Earl Brannock, daughter of G.W. Brannock entered Yakima Senior High School in Yakima, Washington on Sept. 15, 1930. At that time her birth date was recorded as being November 6, 1913." - viewed by V.S.

AUG 3 1966

Cert. Copy of Marriage License Affidavit, State of Idaho, County of Latah, cert. copy issued July 20, 1966 - marriage affidavit dated Aug. 5, 1942, No. 175, gives full name of male as William J. Diehm and full name of female as Ednah Brannock - viewed by V.S.

792-106-014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] STATE [redacted] BUREAU OF [redacted]

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Payette

No. 1403 N Sixth St.

Hospital

Registration District No. 4 File No. 17510

Primary Registration District No. 1008 Registered No. 288

FULL NAME OF CHILD [redacted] DELMON BYRD GISH

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 6 1913

FATHER

FULL NAME: Bird Gish

RESIDENCE: Big Willow

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Telephone lineman

MOTHER

FULL MAIDEN NAME: Edna Wilson

RESIDENCE: Big Willow

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Nebraska

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Payette Idaho (Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 12 1913 J. C. Woodward
Registrar

R-Y CO. 20174

JUN 30 1942

See Certificate # 331796

Dup C01913-331796

792-106-014-693

FEB 10 1942

331796

[redacted]

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH - STATE OF IDAHO

State File No. [redacted]
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Canyon (b) City Payette
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: None
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 13 years ✓ months 5 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Canyon
(c) City Payette
(d) Street Address or R.F.D. No. None
(e) How long has **MOTHER** lived in Idaho? yrs.

3. RESIDENCE OF FATHER (city, state) Payette, Idaho

4. FULL NAME OF CHILD Delmon Byrd Gish

5. Date of Birth of Child (Month, day, year) Nov-6-1913

6. Sex Male

7. Twin or Triplet No If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Byrd Gish
11. Color or Race White
12. Age at time of THIS birth 32 yrs.
13. Birthplace Ladoga, Indiana (City or town) (State or foreign country)
14. Exact Occupation Telephone construction
15. Industry or Business Telephone

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edna Bernice Wilson
17. Color or Race White
18. Age at time of THIS birth 24 yrs.
19. Birthplace Curtis, Nebraska (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of California } ss.
County of Alameda }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 60 years of age, that I have known this person for 60 & 0 years, and that O. H. Avey (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Byrd Gish Signature

201 Woolworth San Leandro Cal P. O. Address

Subscribed and sworn to before me this 6th day of February, 1942

(SEAL) E. A. McKinley Notary Public, residing at San Leandro Cal

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on FEB 10 1942 by [illegible], Registrar.

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

FEB 10 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 13 - 17510

418-198
014-386

PLACE OF BIRTH

Form V. S. No. 12-C—12m-6-13-23

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

Registration District No. 4 File No. 17511

Primary Registration District No. 1008 Registered No. 289

FULL NAME OF CHILD ~~Thomas~~ Clarence Davis Mayhew

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 8 1913

FATHER		MOTHER	
FULL NAME	Allen Mayhew	FULL MAIDEN NAME	Julia Thorne
RESIDENCE	Washoe	RESIDENCE	Washoe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Illinois	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. W. Avey

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Nov 12 1913 J. C. Woodward Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1970

793-108-04-954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C--15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 17512

County of Canyon

City of Payette

Registration District No. 4

No. ....., ... St.

Primary Registration District No. 1008

Registered No. 290

Hospital .....

FULL NAME OF CHILD Lester Arvil Pitts

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	5	Yes	Nov 8- 1913

FATHER		MOTHER	
FULL NAME	Thomas H Pitts	FULL MAIDEN NAME	Jennie Runyan
RESIDENCE	Payette Ida	RESIDENCE	Payette Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Crouch

Physician

(Physician or Midwife)

Address Payette, Ida.

Given names added from a supplemental report

....., 19.....

Filed Nov 15 1913 J C Woodward

Registrar

.....

Registrar

S-Y CO., 16670

PLACE OF BIRTH

386-214-014-159

Form V. S. No. 11-C—20m-6-15-13

PLACE OF BIRTH

County of Canyon

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 17503

Primary Registration District No. 1008 Registered No. 291

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 14 1913

FATHER		MOTHER	
FULL NAME	G. N. Thomas	FULL MAIDEN NAME	Nellie Jerome
RESIDENCE	Two miles South of Payette	RESIDENCE	with husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette

Filed Nov 21 1913 Idaho

J. C. Woodward Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-D—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 1 6 1975

513

863-218
014-317

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 1620 Center Ave. St.

Hospital

Registration District No. 4 File No. 17514

Primary Registration District No. 1008 Registered No. 232

FULL NAME OF CHILD Emmanuel Evelyn Elizabeth Holt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Nov. 18, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Holt	FULL MAIDEN NAME	Emma Case
RESIDENCE	1620 Center Ave. Payette	RESIDENCE	1620 Center Ave. Payette
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. K. Avery

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 21 19 13 J. C. Woodward
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 28 1957

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

County of Canyon

613-119-614-000

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 17515

Primary Registration District No. 1008 Registered No. 293

FULL NAME OF CHILD THOMAS WATANABA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 19 1913

FATHER		MOTHER	
FULL NAME	Jose Watanaba	FULL MAIDEN NAME	Moyo
RESIDENCE	Four miles North East of Payette	RESIDENCE	with husband
COLOR	Yellow	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Japan	COLOR	Yellow
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21.
		BIRTHPLACE	Japan
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Address Payette Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 21 1913 J. C. Woodward

Registrar

..... Registrar

B-Y CO. 20174

Certificate named from Dr's record given to parents of child at time of birth. 10/30/41 Z.J.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 29 1955

DEC 16 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

418-320-014-993

County of Canyon

City of Payette

No. 411 So Turnpike St.

Hospital

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17516

Registration District No. 4 File No.

Primary Registration District No. 1008 Registered No. 294

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 20 1913

FATHER

FULL NAME: Fred Dakasuki

RESIDENCE: Bolton's Ranch, Little Willow

COLOR: White AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Hazel Richardson

RESIDENCE: With husband

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) O. H. Avey

Physician
(Physician or midwife)

Address Payette Idaho

Filed Nov 21 1913 J. C. Woodward
Registrar

S-Y. CO. 20174

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 20 1970

265-116
006-214

[redacted] OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17517

Co[redacted]ngham

City of Blackfoot Ida

Registration District No. 121 File No.

No. Cor E Judicial St. + Fisher ave

Primary Registration District No. 1007 Registered No. 236

Hospital

FULL NAME OF CHILD Raymond Alexander Bond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Garfield Bond	FULL MAIDEN NAME	Edith Jane Sample
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah U.S.A	BIRTHPLACE	Oregon U.S.A
OCCUPATION	Commission Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Hoover M.D.

Blackfoot Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Nov. 17 1913 W. E. Patrie
Registrar

Registrar

S-T CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1957

AUG 30 1957

DEC 13 1968

AUG 30 1957

APR 26 1976

713-110-006-268

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 121 File No. 17518

No. ..... St.

Primary Registration District No. 2194 Registered No. 237

Hospital .....

FULL NAME OF CHILD Dean Palmer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Thomas Palmer	FULL MAIDEN NAME	Meada Mable Boyce
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Mother & Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Bingham R.F.D.2

Filed Nov. 18 1913 M. E. Patrie Registrar

Registrar

F-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 6 1942

815-222-006-360

PLACE OF BIRTH

County of Bingham

City of Groveland

No. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17519

Primary Registration District No. 2194 Registered No. 238

FULL NAME OF CHILD Helen Yancey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Nov 22 1913

FATHER		MOTHER	
FULL NAME	James Yancey	FULL MAIDEN NAME	Effie Bobbley
RESIDENCE	Groveland	RESIDENCE	Groveland
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Chesterfield Ida	BIRTHPLACE	Pleasant Grove Utah
OCCUPATION	Carpenter	OCCUPATION	house wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Mrs Charles Gammersall
(Physician or midwife)

Address Blackfoot Ida R 2 no 1

Filed Nov 26 1913 M E Petrie
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FEB 20 1964

NOV 7 1973

317-124-006-759

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Bingham

City of Blackfoot

No. Route No. 1 St.

Hospital No

Registration District No. 121

File No. 17520

Primary Registration District No. 2194

Registered No. 239

FULL NAME OF CHILD Arthur Capson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	11 (Month) 29 (Day)

FATHER		MOTHER	
FULL NAME	Googe J. Capson	FULL MAIDEN NAME	Betsy Peterson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	2[illegible]
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth six

Number of children, of this mother, now living, including present birth six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address

Filed Nov 29 1913 M. E. Patrick Registrar

Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1973

259-226-006-683

Form V. S. No. 11-C

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17521

Primary Registration District No. 2194 Registered No. 240

FULL NAME OF CHILD Olga Berg

Sex of Child	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov 26

FATHER	MOTHER
FULL NAME: Henry Berg	FULL MAIDEN NAME: Erma Willis
RESIDENCE: Springfield, Ida.	RESIDENCE: Springfield, Ida.
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-40 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 2 19 13 M. E. Petric
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THE [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

JUN 8 1942

PLACE OF BIRTH

JUL 5 1942

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

556-130-006-492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Brigham

City of Blackfoot

No. Ward # 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17522

Primary Registration District No. 2194 Registered No. 241

FULL NAME OF CHILD Louis Jacob Neff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Emil Neff	FULL MAIDEN NAME	Anna Disiff
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Dec 3 1913 W. E. Patrick Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

891-104-006-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bingham

City of Porterville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17523

Primary Registration District No. 2194 Registered No. 242

FULL NAME OF CHILD ~~Unnamed~~ Herald Hiatt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm L. Hiatt	FULL MAIDEN NAME	Mary J. Moore
RESIDENCE	Blackfoot Idaho #1	RESIDENCE	Blackfoot, Idaho #1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2. 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 3 1913 W. E. Patrie

Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of .....

NOV 8 1974

449-205-006-693

PLACE OF BIRTH

County of Bingham

City of Rockford

No. ..... St.

Hospital .....

Form V. S. No. 11-O—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17524

Primary Registration District No. 2194 Registered No. 243

FULL NAME OF CHILD Reva Murdock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel J. Murdock	FULL MAIDEN NAME	Martha V. Wilson
RESIDENCE	Blackfoot, Idaho #2	RESIDENCE	Blackfoot, Idaho #2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	46 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 3 1913 M. E. Patrick Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

(County of) .....

JUN 2 2 1976

DECEASED

389-111-006-643

Form V. S. No. 11 [illegible]

PLACE OF BIRTH

County of Brigham

City of Groveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 17525

Primary Registration District No. 2144 Registered No. 244

FULL NAME OF CHILD Orlo Shields

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct 11 1913

FATHER	MOTHER
FULL NAME James B. Shields	FULL MAIDEN NAME Of Stephens Fullmer
RESIDENCE Blackfoot Idaho #1	RESIDENCE Blackfoot Idaho #1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Housewife	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 45 A. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Filed Dec 9 1913 M. E. Patrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

815-101-006-413

PLACE OF BIRTH

[redacted]

Form V. S. No. 11—10m-6-20-11

[redacted]E OF IDAHO

[redacted] of Vital Statistics

[redacted]FICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 121

File No. 17527

No. Pacific 367 St.

Primary Registration District No. 1007

Registered No. 246

Hospital No

FULL NAME OF CHILD ~~Johannes~~ Johnny Andrew Hanson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	12 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Hanson	FULL MAIDEN NAME	Lottie Malm
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	58 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:35 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batsvay

(Physician or Midwife)

Given name added from a supplemental report

..... 19....

Registrar

Address

Filed Dec 3 1913 W. E. Patrie

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2/20/41 L. B.

815-211-006-451

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bingham

City of Porterville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

Primary Registration District No. 2194

File No. 17528

Registered No. 247

FULL NAME OF CHILD Elvira Yancey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Nov 11th (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Emron Yancey	FULL MAIDEN NAME	Dorothy Dixon
RESIDENCE	Blackfoot R.F.D. #1	RESIDENCE	Do
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

(Signature) W. E. Petrie

Phys. (Physician or midwife)

Address Blackfoot

Filed Nov. 20 19 13 W. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAR 2 7 1974

153-120-006-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Napello Ward

Registration District No. 121 File No. 17529

No. — St.

Primary Registration District No. 2194 Registered No. 248

Hospital No.

FULL NAME OF CHILD Farrell Anthony

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 20 1913

FATHER		MOTHER	
FULL NAME	Albert Anthony	FULL MAIDEN NAME	Esther Jensen
RESIDENCE	Blackfoot R.F.D. #3	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Phys. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Dec 3 1913 W. E. Patrie

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

155-127-006-799

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17530

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. E Court St.

Hospital No

Registration District No. 121 File No.

Primary Registration District No. 1007 Registered No. 249

FULL NAME OF CHILD James Earl Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov. 27 1913

FATHER

FULL NAME: Louis L Jenson

RESIDENCE: Blackfoot Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Lawyer & Probate Judge

MOTHER

FULL MAIDEN NAME: Rosetta Griffith

RESIDENCE: Do

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 2 19 13

M E Patrie
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Form V. S. No. 11-C—21

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

239-128-006-573

PLACE OF BIRTH

Form V. S. No. 11-C—30m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17531

County of Bingham

City of Riverside Precinct Registration District No. 121 File No.

No. — St.

Primary Registration District No. 2194 Registered No. 250

Hospital No

FULL NAME OF CHILD Daniel E. Klinschmidt.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 28 1913

FATHER		MOTHER	
FULL NAME	Ludwick Klinschmidt	FULL MAIDEN NAME	Nurle Egly
RESIDENCE	Blackfoot Route 2	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Neb
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Petrie

Phys

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 2 19 13 M E Petrie
Registrar

CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

DEC 29 1941

718-130-006-792

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 420 So. Maine St.

Hospital No

Registration District No. 121 File No. 17532

Primary Registration District No. 1007 Registered No. 251

FULL NAME OF CHILD Willard A Payne Gibbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 20 1913

FATHER	MOTHER
FULL NAME Frank Payne	FULL MAIDEN NAME Loretta Gibbs
RESIDENCE Blackfoot Idaho	RESIDENCE Do
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION O.S.L. Ry. Yard Foreman	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-45 P. M. on the date above stated.

(Signature) M E Price

Phys (Physician or midwife)

Address Blackfoot Idaho

Filed Dec 2 1913 M E Price Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

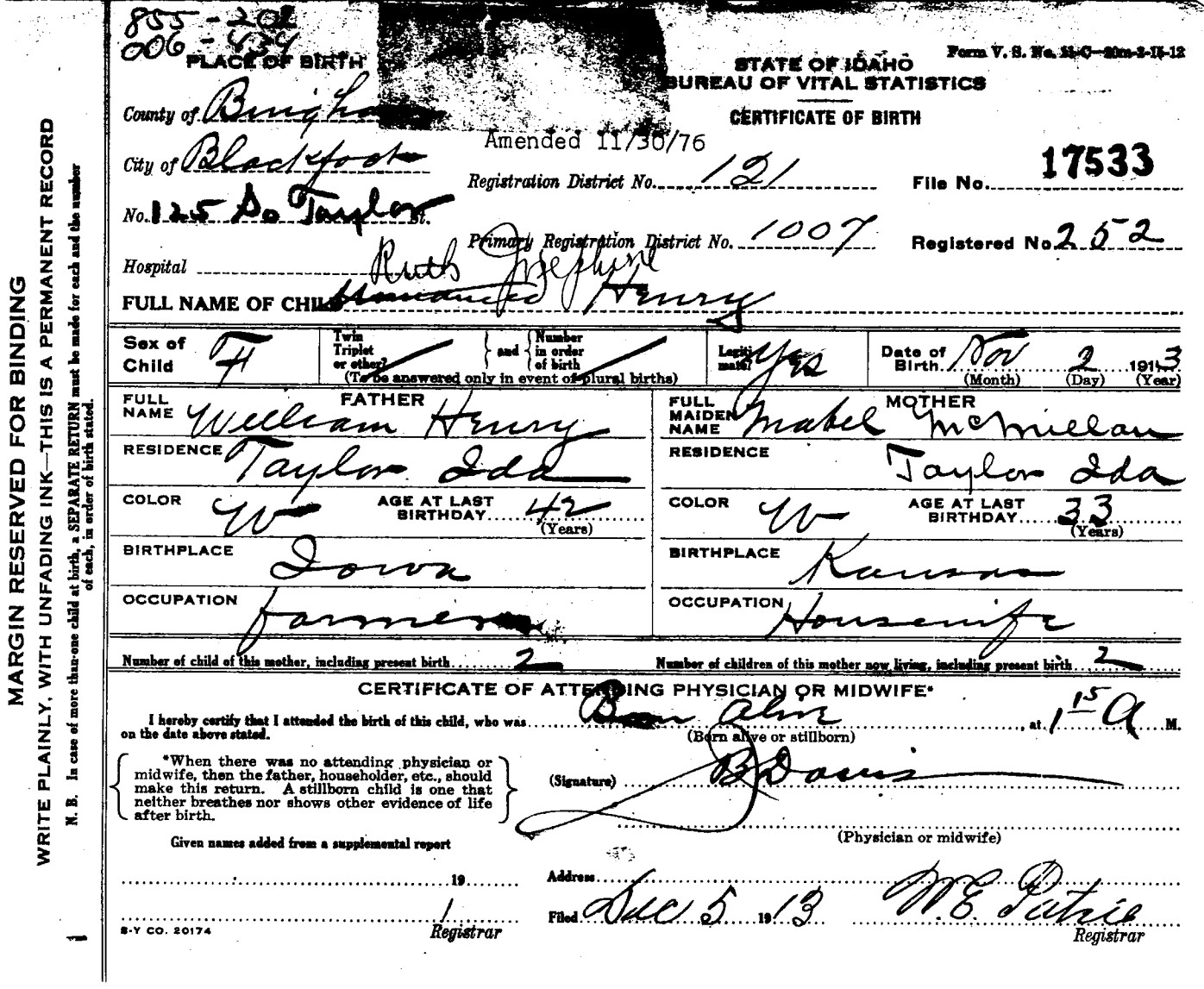
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-17-1941. dp



855-202
006-434

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Amended 11/30/76

Registration District No. 121

File No. 17533

No. 125 So Taylor St.

Primary Registration District No. 1007

Registered No. 252

Hospital Ruth Mephine

FULL NAME OF CHILD Unnamed Henry

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	~~Twin Triplet or other?~~		~~Number in order of birth~~	Yes	Nov (Month) 2 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Henry	FULL MAIDEN NAME	Mabel McMillan
RESIDENCE	Taylor Ida	RESIDENCE	Taylor Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report

19

Address

1 Registrar

Filed Dec 5 1913

W E Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-13-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

DEPARTMENT OF HEALTH

PLACE OF BIRTH

County of

MAY 27 1942

JAN 15 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 5 8 44 AM '76

State of Colorado
County of El Paso } ss.

Certificate No. 17533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ruth Josephine Henry (Name on Original Certificate) who was born (Was Born or Died) on Nov 1, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	November 1, 1913	November 2, 1913

Subscribed and sworn to before me this 24 day of September, 19 76

Carole A. Gadus

Notary Public, residing at Colorado Springs

My commission expires June 1, 1979

(Seal)

Signed Mrs. Bernice Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

291 S. Weber St Colo Spring Colo. 80903
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
County of El Paso } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of September, 19 76

Carole A. Gadus

Notary Public, residing at Colorado Springs

My commission expires June 1, 1979

(Seal)

Signed Mrs. Margaret L. Bush
(Signature of Any Credible Person)

Rush Colorado 80833
(Street Address, City, State)

FORM DH 60-155 C1 2/2/76 nm

NOV 3 0 1976

School census record from school Distr. No. 34, Sheridan County, Kansas for school year ending June 30, 1925 gives name as Ruth Henry as 11yrs. in 1925 and birth dated given as Nov 2, 1913. vieed by V. S.

Family Bible record gives nameas Ruth Josephine Henry born Nov 2, 1913. very old family Bible. viewed by V. S.

296-201-006-369

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

Registration District No. 121 File No. 17534

Primary Registration District No. 2194 Registered No. 258

FULL NAME OF CHILD Unnamed Brown, Maurine Leah

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	1	1	Yes	Nov (Month) 1 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Fred Brown	FULL MAIDEN NAME	Dorothy Cornett
RESIDENCE	Blackfoot Gen. Delivery	RESIDENCE	Blackfoot
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	75 (Years)	AGE AT LAST BIRTHDAY	74 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 45 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 5 1913 W. E. Patrie
Registrar

Registrar

North West of Town

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUL 7 1972

253-104-006-533
Amended 7-18-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17535
Local Reg. No. 254
Reg. Dist. No. 121

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: R.F.D. 4

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Blackfoot

d. STREET ADDRESS (If rural, give location): R.F.D. 4

3. CHILD'S NAME (Type or print)

a. (First): Garth

b. (Middle): Ronald

c. (Last): Belnap

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Nov. 4, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Lester

b. (Middle):

c. (Last): Belnap

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Vere

b. (Middle):

c. (Last): Ellsworth

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. B. Davis

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 5, 1913

22. REGISTRAR'S SIGNATURE: W.E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ISION OF VITAL STATISTICS, BOISE, IDAHO.

4-28-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 4 1967
Vital Statistics

State of Idaho
County of Bingham } ss.

Certificate No. 17535

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Belknap (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1913 (Date of Event)
in Blackfoot, Idaho (Moreland) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy School Record. (Bible Record, Insurance Policy, Etc.) prepared on Sept. 7, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnmaed Belknap	Garth Ronald Belnap
father'sname	Lester Belknap	Lester Belnap

Subscribed and sworn to before me this 2nd day of May, 19 67

Notary Public, residing at Blackfoot, Idaho
My commission expires August 1, 1970
(Seal)

Signed Lester Belnap
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route # 4 Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of May, 19 67

Notary Public residing at Blackfoot, Idaho
My commission expires August 1, 1967
(Seal)

Signed Norma S. Cowden
(Signature of Any Credible Person)

815 N. Lincoln, Blackfoot, Idaho
(Street Address, City, State)

FORM DH 60-155

Claim ~~Slip~~ Slip to Proceeds of Stock, Loan No. 27671, dated July 30, 1945 gives full name as Lester M Belnap - viewed by V.S.

Application to the Beneficial Life Insurance Co., dated Sept. 7, 1937, policy No. 174063 gives full name as Garth Ronald Belnap, born Nov. 4, 1913 at Moreland, Idaho - beneficiary is given as Lester M Belnap, father, age 49 - viewed by V.S.

Photo Copy of Grade Transcript, Pocatello, Idaho, matriculated June 6, 1955 gives full name as Garth R Belnap, born Nov. 4, 1913 at Moreland, Idaho - Idaho State - viewd by V.S.

Amended 4/3/70
122-208-006-395

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blkfoot

No. University Ave + Pacific St.

Registration District No. 121 File No. 17536

Primary Registration District No. 1007 Registered No. 256

Hospital

FULL NAME OF CHILD Florence Ruth Abbott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clyde Abbott	FULL MAIDEN NAME	Viva Tieton
RESIDENCE	Blkft University Av + Pacific	RESIDENCE	Blkfoot University + Pacific
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Post Office Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Dec 5 1913 W. E. Patrie

Registrar Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAR 16 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17536

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Florence Ruth Abbott (Name on Original Certificate) who was born (Was Born or Died) on November 5, 1913 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	November 5, 1913	November 8, 1913

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1970

Bertha O. Warner

Notary Public, residing at Portland, Oregon
My commission expires Sept. 25, 1971
(Seal)

Signed Ruth E. Post
(Signature of Any Credible Person)

1729 N.E. 17th
Portland, Oregon 97212
(Street Address, City, State)

FORM DH 60-155

CL sent 3-16-70

Application to New York Life Insurance Co. gives namea s Florence Ruth Norene date of birth as 11-8-13. Age last birthday 40. Dated Oct. 6, 1953. Viewed by V. S.

APR 3 1970

Appication fo Employment for Emanuel Hospital dated 12-31-56 name Ruth Abbott Norene dated as of birth 11-8-13 at Blackfoot, ID... Viewed by V. S.

238-210-006-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. RFD 3 St.

Hospital

Form V. S. No. 11-C—25

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 17537

Primary Registration District No. 2194

Registered No. 258

FULL NAME OF CHILD ~~Unnamed~~ Viola Louisa Scherrer Scherrer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fl		Yes	Nov (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank X. Scherer	FULL MAIDEN NAME	Zenia E. Hawkins
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Store Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 5:30 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 5 1913 W. E. Patrie
Registrar

S-Y CO. 24655

AMENDED MAR. 19, 1951

PLACE OF BIRTH

212-227-006-395

County of Bingham

City of Blackfoot

No. Kennedys Addition St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 17538

Primary Registration District No. 219 Registered No. 257

FULL NAME OF CHILD Bessie Belle Baker
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	Nov. 27 1913

What bacteriacidal solution was used in eyes?

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: John L. Baker	FULL MAIDEN NAME: Goldy Trego
RESIDENCE: Blackfoot, Kennedys Addition	RESIDENCE: Blackfoot, Kennedy Addition
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Nebraska
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Davis

(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 5 1913 W.E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of El Dorado }

Certificate No. 17538

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bessie Belle Baker (Name on Original Certificate) who was born (Was Born or Died) on November 27, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by bible entry (Bible Record, Insurance Policy, Etc.) prepared on September 5, 1891 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Gladys Trego	Goldy Trego

Subscribed and sworn to before me this 12th day of March, 1951

Geoffrey A. Kingston
Notary Public, residing at Placerville, Calif.
My commission expires January 15, 1953
(Seal)

Signed Goldy Trego Baker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sheridan St. Placerville, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of El Dorado }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of March, 1951

Geoffrey A. Kingston
Notary Public, residing at Placerville, Calif.
My commission expires January 15, 1953
(Seal)

Signed Fred J. Baker
(Signature of Any Credible Person)
Coloma Road Placerville Calif
(Street Address, City, State)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

17539

County of Bingham

City of Blkfoot

No. RFD 4 St.

Registration District No. 121

File No.

Primary Registration District No. 2194

Registered No. 258

Hospital

FULL NAME OF CHILD Rhea Virginia Wray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Moroni Wray	FULL MAIDEN NAME	Blanch McBride
RESIDENCE	Blkft RFD 4	RESIDENCE	Blkft RFD 4
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Registrar

Address

Filed Dec 5th 1913

W. E. Patrie
Registrar

S-Y CO. 24658

FEB 19 1962

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]RTH

[redacted]

County of [redacted]

City of Ia Falls

No. 351-203-010-156

Hospital

Registration District No. 13

File No. 17540

Primary Registration District No. 2150

Registered No. 266

FULL NAME OF CHILD Lucinda Leavitt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edd. Leavitt	FULL MAIDEN NAME	Alice Jeffs
RESIDENCE	I. Falls Ida	RESIDENCE	I. Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 nd. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller, M.D.

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed Nov 7 1913 [signature] Registrar

Registrar

S-Y CO. 20174

JUL 1 8 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 6 12 19 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 17540

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Leavitt (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1913 (Date of Event)
in American Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lucinda Leavitt

Subscribed and sworn to before me this ~~3rd~~ day of
~~October~~, 19 75

Notary Public, residing at ~~Hurricane, Utah 84737~~
My commission expires ~~March 1, 1978~~
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of WASHINGTON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of
October, 1975

Notary Public, residing at Hurricane, Utah 84737
My commission expires March 1, 1978
(Seal)

Signed .....
(Signature of Any Credible Person)

Hurricane Utah
(Street Address, City, State)

CL 7/18/75

FORM DH 60-155

Certified copy of own child' birth certif from Utah gives child's name as Alice Luana Gardner born Oct. 14, 1936 at Castle Dale, Utah father's name given as Denzil P. Gardner and mother's nameas Lucinda Leavitt. viewed by V. S.

OCT 1 5 1975

Certificate of Baptism and Confirmation ~~gives~~ for Denna Karen Gardner daughter of Denzil Gardner and Lucinda Leavitt, born Spet. 30, 1938 at Neola, Utah. Baptized Feb. 23, 1947. viewed by V. S.

866-203-010-445

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C—20m-2-15-1

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17541

Primary Registration District No. 2150 Registered No. 267

FULL NAME OF CHILD Ethel Mae Hoff

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 3 (Day) 19[illegible] (Y[illegible])

FATHER		MOTHER	
FULL NAME	James Hoff	FULL MAIDEN NAME	Amelia Muellfiel
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Muelver (Born alive ~~or stillborn~~) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Nov 19 13 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

15

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH.

File No.

Registered

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 4 3 32 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 17541
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Hoff (Name on Original Certificate) who born (Was Born or Died) on Nov. 3, 1913 (Date of Event)
in Coltman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ethel Mae Hoff

Subscribed and sworn to before me this 12th day of December, 1957
Howard Tom
Notary Public, residing at Sacramento, Calif.
My commission expires December 30, 1962
(Seal)

Signed Emilie Hoff, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
44 2 38 [illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 1960
Anna M. Lake
Notary Public, residing at Idaho Falls
My commission expires 6-1-63
(Seal)

Signed Augusta Michelfeit
(Signature of Any Credible Person)
R#2 Idaho Falls, Ida
(Street Address, City, State)

K

FORM DPH 55.155 CL 12-2-59. nm

Marriage Certificate from Nevada gives groom's name as Albert Baker and the bride'sname as Ethel M.~~Mmg~~ Hoff. dated Oct. 24, 1936. viewed by V. S.

JUL 9 1974

Certi.f of birth from Calif. for Barbara Gail Baker. born Dec. 5, 1937 at Camino, Calif. father's name given as Albert Oliver Baker and the mother's name as Ethel Mae Hoff. viewed by V. S.

395-129-010-997

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-

17542

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 2[illegible]

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	October 29 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Oscar W Linger	FULL MAIDEN NAME	Lillie Riger
RESIDENCE	Coltman 33	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	BIRTHDAY	[illegible] (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:45 P.M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Bonneville Cty Ucon

Filed Nov 7 1913 [illegible]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

553-103-010-685

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17548

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. St.

Primary Registration District No. 2170 Registered No. 269

Hospital

FULL NAME OF CHILD Blenden G. Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov. 3, 1913

	FATHER	MOTHER
FULL NAME	George H. Nelson	FULL MAIDEN NAME Rose Fretwell
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John O. Miller M.D.

(Physician or midwife)

Address Idaho Falls, Ida

Filed Nov 4 1913 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calfornia } ss.
County of Solano

Certificate No. 17543

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on April 22, 1923 and March 21, 1926 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Blenden Glenore Nelson

Subscribed and sworn to before me this 21st day of March, 1973

Signed Rose B. Wright (MOTHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Fairfield Ca

My commission expires 15 July 1975 (Seal)

244 AMERICAN CANYON RD. SPACE 166, VALLEJO, CA. 94590
(Street Address, City, State)

OFFICIAL SEAL
BILLY B. BURTON
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
SOLANO COUNTY
My Commission Expires JULY 15, 1975

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Solano

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1973

Signed Charles Moore
(Signature of Any Credible Person)

Notary Public, residing at Fairfield Ca

My commission expires 15 July 1975 (Seal)

143 Manzanita Dr. Vallejo Calif.
(Street Address, City, State)

FORM DH 60-155

CL 7/23/73 lcc pd. 21934

High school Diploma from California gives name as Blenden G. Nelson. From Vallejo High School. Dated June 3, 1932. Viewed by V. S. OCT 15 1973

Certificate of Recognition of Service from the U.S. Navy gives name as Blenden G. Nelson. Worked at Navy Yard, Mare Island, California. Dated Nov. 26, 1945. Viewed by V. S.

719-125-010-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. If child is more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17544

Primary Registration District No. 210 Registered No. 270

FULL NAME OF CHILD Gray Courtleigh Parkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Oct. 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. Parkinson	Nellie Binnington
RESIDENCE	Idaho Falls	Idaho Falls, Ida
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	Idaho	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John V. Miller, MD

(Physician or midwife)

Address Idaho Falls, Ida

Filed Nov 6 1913 [illegible] Registrar

S-Y CO. 24655

1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

753 - 209 - 010 - 384

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. None St.

Hospital

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17545

Primary Registration District No. 2170 Registered No. 271

FULL NAME OF CHILD Joyce N. Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov. 9 1913

FATHER

FULL NAME: William Peterson

RESIDENCE: Idaho Falls

COLOR: White

AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Taylor CoN Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nora Church

RESIDENCE: Idaho Falls

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Waukisha Wisn

OCCUPATION: Housework

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 AM. on the date above stated.

(Signature) A. R. Lodengust M.D.

M.D. (Physician or midwife)

Address Idaho Falls Ida.

Filed Nov 17 1913 W. Cameron (Registrar)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

School Record - Boise High School - shows name as Joyce N. Peterson
1932 - ~~May~~ June 3

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

10-10-1934 - Marriage License shows name as Joyce nora Peterson

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of Santa Clara }

Certificate No. 17545

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who born (Was Born or Died) on Nov. 9, 1913 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Nora Joyce Peterson

Subscribed and sworn to before me this 14th day of October, 1957

Leslie W. Harris

Notary Public, residing at San Jose, Calif.

My commission expires April 5, 1960

(Seal)

Signed William Peterson, Father.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1508 St. Francis Ave., San Jose Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Santa Clara }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1957

Leslie W. Harris

Notary Public, residing at San Jose, Calif.

My commission expires April 5, 1960

(Seal)

Signed G. H. Peterson
(Signature of Any Credible Person)

2157 Del Monte Ave. Santa Clara Calif.
(Street Address, City, State)

FORM DPH 55. 155

NN 10--57 1 copy paid

OCT 25 1957

314-225-010-275

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITA[illegible]CS

CERTIFICATE [illegible]

County of Bonneville

City of Idaho Falls

No. ..... *St.*

Hospital .....

Registration District No. 73 **File No.** 17546

Primary Registration District No. 2100 **Registered No.** 272

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	10 (Month) 25 (Day)

FATHER		MOTHER	
FULL NAME	Alfred Henry Campbell	FULL MAIDEN NAME	Julia Rosetta Spendlove
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Yokersville Utah	BIRTHPLACE	Morgan Co Utah
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 265 Cliff St

Filed Mar 15 19 13 [signature] Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

863-116-010-533

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17547

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. , St.

Primary Registration District No. 21-a

Registered No. 273

Hospital

FULL NAME OF CHILD William Ellis Holz

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	Yes	Nov. 16 1913

FATHER	MOTHER
FULL NAME J. Cliff Holz	FULL MAIDEN NAME Eva V. Ellis
RESIDENCE Idaho Falls, Idaho	RESIDENCE Idaho Falls, Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Washington	BIRTHPLACE St Louis Mo
OCCUPATION Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 15 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Courthard M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls Ida

, 19

Registrar

Filed Nov 17 1913

Registrar

8-Y CO., 18670

Certified Copy issued Feb. 14, 1941. E.W.

APR 25 1974

692-213-010-338

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17548

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No.

No. ____ St.

Primary Registration District No. 210

Registered No. 274

Hospital

FULL NAME OF CHILD Virginia Fisher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	4	yes	Oct 18 1913

FATHER		MOTHER	
FULL NAME	Ira A. Fisher	FULL MAIDEN NAME	Bessie A Clyne
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	—	AGE AT LAST BIRTHDAY (Years)	—
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Coulthard

Physician

(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Nov 18 1913 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

253-120-010-239

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17549

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No.

No. /, /St.

Primary Registration District No. 2110 Registered No. 270

Hospital /

FULL NAME OF CHILD Duane Bell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	1	yes	Oct 20, 1913

FATHER		MOTHER	
FULL NAME	Raymond Bell	FULL MAIDEN NAME	Wealthy Strahle
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls.
COLOR	W Lt	COLOR	W Lt
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 3 pm alive at 3 pm M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Coulthard

Physician

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 1 1913 G. H. Coulthard

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17550

County of Bannock

City of Ammon

653-114-010-319 No. St.

Registration District No. 73

File No.

Primary Registration District No. 2150

Registered No. 276

Hospital

FULL NAME OF CHILD Lester Carter Wells

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy				Nov 14 1913

FATHER		MOTHER	
FULL NAME	Earl Wells	FULL MAIDEN NAME	Martha Carter
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Joseph Utah	COLOR	White
OCCUPATION	Farming	BIRTHPLACE	Joseph Utah
		OCCUPATION	House Wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ten 25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Mid wife (Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 19 1913

Registrar

B-Y CO. 20174

Form V.S. No. 1-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF

PLACE OF BIRTH

631-212-070-692

[redacted]TH

[redacted]neville

STATE OF [redacted]

Bureau of Vital [redacted]

CERTIFICATE [redacted]

City of Idaho Falls Registration District No. 73 File No.

No. —, St.

Primary Registration District No. 2150 Registered No. 277

Hospital —

FULL NAME OF CHILD Ruth Elizabeth Flagler

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	— (To be answered only in event of plural births)	2	Yes	Sept. 12, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. H Flagler	FULL MAIDEN NAME	Elizabeth Fisher
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	— (Years)	AGE AT LAST BIRTHDAY	— (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Coulthard

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls Ida.

..... 19.....

Filed Nov 19 1913 [signature] Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 17551

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruth Elizabeth Flagler (Name on Original Certificate) who Born (Was Born or Died) on Sept. 12, 1913 (Date of Event) in Idaho Falls, Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Father's Knowledge ~~prepared on~~ (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	Oct. 12, 1913	Sept 12, 1913

Subscribed and sworn to before me this 6th day of January, 1944

Notary Public, residing at Idaho Falls Ida

My commission expires May 1, 1947
(Seal)

Signed R. H. Flagler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of January 1944

Notary Public, residing at Idaho Falls Idaho

My commission expires 4-10-1946
(Seal)

Signed Dr. G. A. Applerle
(Signature of Any Credible Person Other Than Previous Year)

Idaho Falls, Ida
(Street Address, City, State)

FEB 13 1969

JAN 10 [redacted]

215-713-010-366

PLACE OF BIRTH

County of Bonneville

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17552

Registration District No. 73 File No. .....

Primary Registration District No. 2110 Registered No. 278

FULL NAME OF CHILD .....

Sex of Child: Female	Twin Triplet or other? and Number in order of birth: 4 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Nov (Month) 18 (Day) 1918 (Year)

FATHER		MOTHER	
FULL NAME	Ciris Sanders	FULL MAIDEN NAME	Francey Lowe
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, R.D. #1 Idaho

Filed Nov 19 1913 [signature] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

751-113-010-155

Form V. S. No. 11-C—[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. ..... St.

Hospital .....

Registration District No. 73 File No. 17553

Primary Registration District No. 2110 Registered No. 279

FULL NAME OF CHILD Pearson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Augustus W Pearson	FULL MAIDEN NAME	Ada Blanche Jenny
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	R. R. Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Cline

Physician (Physician or midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 20 1913 [signature] Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15/8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

Registered No.

666-216-010-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-...

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17554

Primary Registration District No. 2130 Registered No. 210

FULL NAME OF CHILD Fowler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 16 1913

FATHER		MOTHER	
FULL NAME	John C Fowler	FULL MAIDEN NAME	Ellen Moore
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Transfer business	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 20 1913

..... Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

291-130-010-154

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17[illegible]65

Primary Registration District No. 2150 Registered No. 2[illegible]

FULL NAME OF CHILD Bradbury, Valorus Edward

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct. 30 [illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Silas H. Bradbury	FULL MAIDEN NAME	Helen Anderson
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Sweden
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls, Ida

Filed Nov 20 1913 [illegible] Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

866-11
010-755

PLACE [illegible]

STATE OF [illegible]
BUREAU OF VITAL [illegible]

CERTIFICATE OF [illegible]

County of Bonneville

City of Idaho Falls

Registration District No. 73

File No. 17556

No. ..... St.

Primary Registration District No. 2150

Registered No. 242

Hospital .....

FULL NAME OF CHILD JOHN OLIVER Hook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov. 12, 1913

FATHER		MOTHER	
FULL NAME	George Hook	FULL MAIDEN NAME	Stella Peer
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Meller, M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls

Filed Nov 25 1913 [illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFIED TO BE TRUE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison

Certificate No. 17556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for John Oliver Hook (Name on Original Certificate) who Born (Was Born or Died) on 12 Nov 1913 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	- - Hook	John Oliver Hook

Subscribed and sworn to before me this 13
day of Feb 1942
Lee Stoker
Notary Public, residing at Sugar Ida
My commission expires Oct 8 1944
(Seal)

Signed Stella Peer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sugar Ida #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

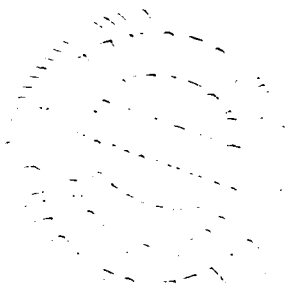
State of Idaho } ss.
County of Madison

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13
day of Feb 1942
Lee Stoker
Notary Public, residing at Sugar Ida
My commission expires Oct 8-1944
(Seal)

Signed Jas. W. England
(Signature of Any Credible Person Other Than Previous Year)
Sugar City Idaho
(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-[illegible]-13

County of Bonneville

City of Idaho Falls

No. 753-110-010-547 St.

Registration District No. 73

File No. 17557

Primary Registration District No. 2150

Registered No. 2 & 3

Hospital

FULL NAME OF CHILD Nels Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov 10-13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Anton Peterson	FULL MAIDEN NAME	Pearl Empy
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ephraim Utah	BIRTHPLACE	Ammon, Ida
OCCUPATION	Farmer.	OCCUPATION	Housework.

Number of children of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive 11/25/13 at 4:30 P.M. (Born alive or stillborn) at the date above stated.

(When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.)

(Signature) A. R. Sodergren M.D.

(Physician or midwife)

Given names added from a supplemental report

Address Idaho Falls Ida

19

Filed Nov 25 1913 [illegible]

Registrar

Registrar

R-Y CO. 20174

Form V.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF B

NAME OF CH

DENCE

LOR

ATHPLACE

OCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17557

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name		Nels Peterson
Date	Nov. 10th	Nov. 11, 1913

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 16 1957

OCT 18 1943

769-215-010-165

Form V. S. No. 11-(7-60)m.2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73 File No. 17558

Primary Registration District No. 2150 Registered No. 284

FULL NAME OF CHILD Edna Maud Gordon

Sex of Child Female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov. (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank R Gordon	FULL MAIDEN NAME	Alice Emely Jones
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville

Filed Nov 7 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

17559

City of Ammon

547-227-010-367

Registration District No. 73

File No.

No. St.

Primary Registration District No. 2150

Registered No. 245

Hospital

FULL NAME OF CHILD Vera Empey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James T. Empey	FULL MAIDEN NAME	Agnes Estelle Lord
RESIDENCE	Ammon Ida.	RESIDENCE	Ammon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho Falls Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kimmerd

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls Ida.

Filed Nov 28 1913 W. Kimmerd Registrar

Registrar

R-Y CO. 20174

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

599-123-010-364

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Ida

No. ..... St.

Hospital .....

Registration District No. 73

File No. 17560

Primary Registration District No. 2150

Registered No. 246

FULL NAME OF CHILD ~~Vernal Erickson~~ JOHN WILLIAM VERNAL ERICKSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Godfrey Erickson	FULL MAIDEN NAME	Ellen Tomquist
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Warren, Minn.
OCCUPATION	Farmer	OCCUPATION	Household

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 23, 1913 at 11:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Dedrquistrow M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed Jan 1 1913 [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 17560

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vernal Irickson (Name on Original Certificate) who was born (Was Born or Died) on November 23rd, 1913 (Date of Event)
in R. F. D. #4 Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal record and personal knowledge of affiant prepared xx xxxx xxxxxxxx xxxx xxxxx (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vernal	John William Vernal Erickson

Subscribed and sworn to before me this 19th
day of July 1943.
Paul T. Peterson
Notary Public, residing at Idaho Falls, Idaho.
My commission expires March 29th, 1944.
(Seal)

Signed Ellen M. Erickson Mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R. F. D. #5 Idaho Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of July 1943.
Paul T. Peterson
Notary Public, residing at Idaho Falls, Idaho.
My commission expires March 29th, 1944.
(Seal)

Signed Lem Cook
(Signature of Any Credible Person Other Than Previous Year)
R#5 - Idaho Falls, Idaho.
(Street Address, City, State)

JUL 2 3 1943

MARGIN RESERVED FOR BINDING

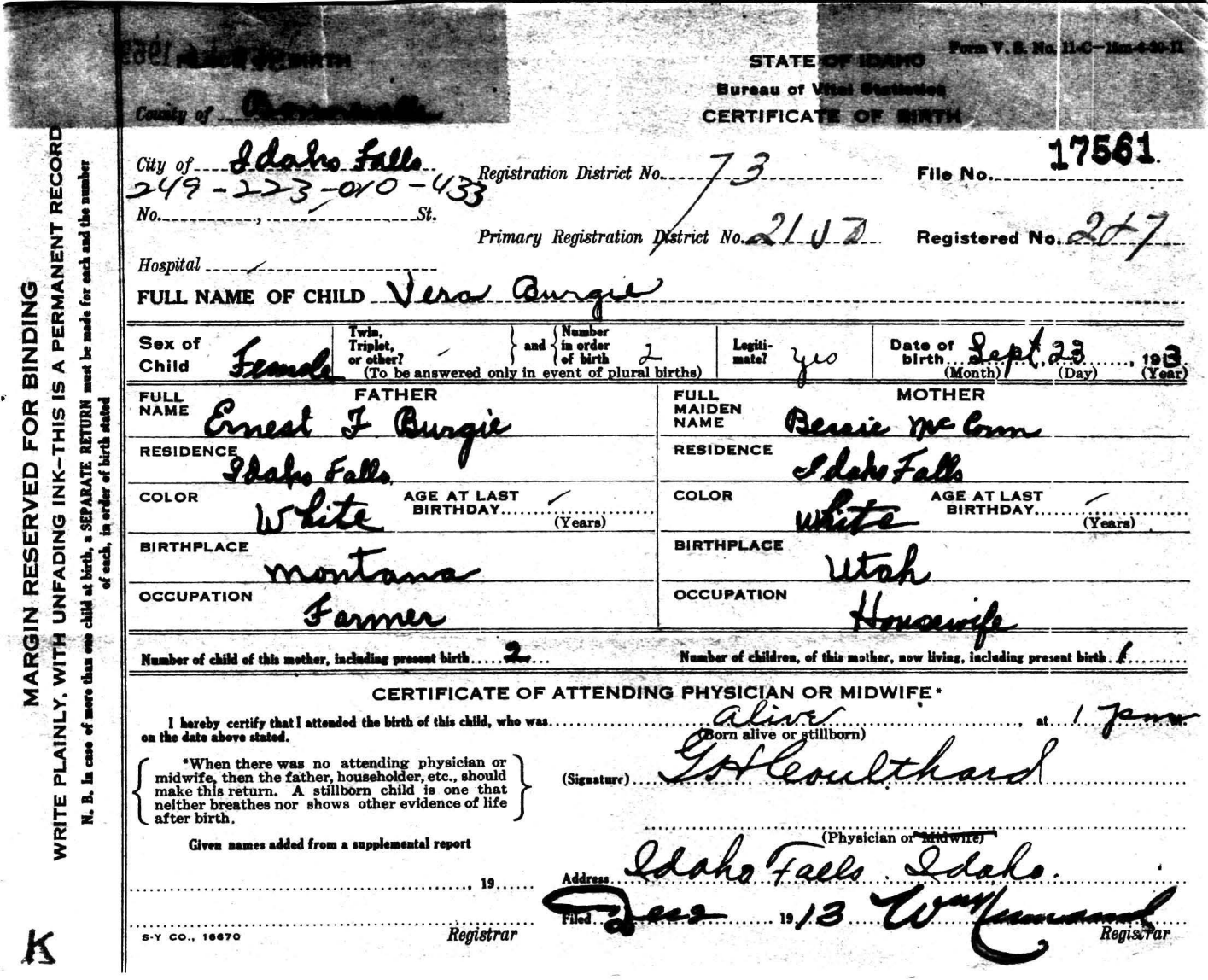
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1963 PLACE OF BIRTH

County of [illegible]

Form V. S. No. 11-C—15m-6-20-11



STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Idaho Falls

249-223-010-433

No. ....., ... St.

Registration District No. 73

File No. 17561

Primary Registration District No. 2107

Registered No. 247

Hospital ....

FULL NAME OF CHILD Vera Burgie

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	2	yes	Sept. 23, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest F Burgie	FULL MAIDEN NAME	Bessie McCann
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	— (Years)	AGE AT LAST BIRTHDAY	— (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 pm on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Coulthard

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19....

Address Idaho Falls Idaho

Filed Dec 2 1913 Wm Cummins

Registrar

Registrar

S-Y CO., 16670

K

SEP 16 1969

SEP 8 1942

SEP 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Idaho Falls

No. — First St.

Hospital —

Registration District No. 73

Primary Registration District No. 2150

File No. 17563

Registered No. 289

FULL NAME OF CHILD Chase

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single	1	Yes	Sept 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Claude Eugene Chase	FULL MAIDEN NAME	Musa Robinson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Huntington, Utah	BIRTHPLACE	Nebraska
OCCUPATION	Cement, worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Idaho Falls, Idaho

Registrar

Filed Dec 2 1913 [signature] Registrar

S-Y CO. 20174

PLACE OF BIRTH

NOV 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneyville

City of Ozone

No. 219-230-010-986 St.

Hospital

Registration District No. 73

Primary Registration District No. 2150

File No. 17564

Registered No. 0290

FULL NAME OF CHILD Afton Lucille Barzee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	C F Barzee	FULL MAIDEN NAME	Barba Rhodes
RESIDENCE	Ozone Ida	RESIDENCE	Ozone Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oxford Ida	BIRTHPLACE	Mendon Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3-40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address ~~Annie~~ H Idaho Falls

Filed Oct 3 1913 [signature] Registrar

Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED SEP 2 1965 Bureau of Vital Statistics

State of ..... } ss. Certificate No. 17564

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Barzee (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1913 (Date of Event)

in Ozone, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Afton Lucille Barzee

Subscribed and sworn to before me this 2nd day of August, 1965.

[signature]

Notary Public, residing at Woodland, Wash.

My commission expires Nov 17, 1968

(Seal)

Signed Afton Lucille Barzee (Hokanson)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Box 402 Battle Ground Washington

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.

County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6-4-65. one copy pd. rec. #15271.

L.D.S. Church Cert. of Blessing, Jan. 4, 1914 gives full name as Afton Lucille Barzee, daughter of Clark F. Barzee and Barbara Rhodes, born Nov. 30, 1913 at Ozone, Idaho - viewed by V.S.

OCT 11 1965

L.D.S. Church Cert. of Baptism and Confirmation, Oct. 1, 1922 gives full name as Afton Lucile Barzee, born Nov. 30, 1913 at Bone, Idaho to Clark Barzee and Barbara Rhoades - viewed by V.S.

L.D.S. Church Recommend for Baptism, dated Sept. 23, 1922 gives full name as Afton Lucille Barzee, born Nov. 30, 1913 at Bone, Idaho to Clark Franklin Barzee and Barbara Rhodes - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Idaho Falls, Ida

No. 436-101-010-168 St.

Registration District No. 73

Primary Registration District No. 2150

Hospital

FULL NAME OF CHILD McFarland

17565

Registered No. 291

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter McFarland	FULL MAIDEN NAME	Goodwin Johannesen
RESIDENCE	Poplar, Idaho	RESIDENCE	Poplar, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Dec 3 1913 [illegible] Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

319-5-21-310-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneyville

City of Ammon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17566

Primary Registration District No. 2170 Registered No. 292

FULL NAME OF CHILD JUANITA CARTER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			yes	Nov (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James A Carter	FULL MAIDEN NAME	Ermina Carter
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Pyute Co Utah
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hart

Midwife (Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 3 19 13

..... Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 17566

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed female baby named Carter (Name on Original Certificate) who was born (Was Born or Died) on November 21, 1913 (Date of Event)
in Ammon, Bonneville County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family pedigree record (Bible Record, Insurance Policy, Etc.) prepared on date shortly after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Juanita Carter

Subscribed and sworn to before me this 17th day of September, 1942

Notary Public, residing at Boise, Idaho

My commission expires Feb. 15, 1943
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1120 North 6th, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 18 1942

FEB 7 1945

242-102-010-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 17567

Primary Registration District No. 2150 Registered No. 293

FULL NAME OF CHILD Bush Rector Kenneth

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. F. Bush	FULL MAIDEN NAME	Mabel Everill
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Utah
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed Jan 3 1913 [illegible] Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

239-204-010-418

PLACE OF BIRTH

BUREAU [redacted]

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 17568

No. ..... St.

Primary Registration District No. 2147 Registered No. 294

Hospital .....

FULL NAME OF CHILD Martha Slifer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	Nov 4 1913

FATHER		MOTHER	
FULL NAME	Claude Slifer	FULL MAIDEN NAME	Martha Dahlstrom
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Ida
OCCUPATION	Moving Pictures Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C M Clinis

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

Filed Jan 3 1913 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 6 1968

DEC 27 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JAN 22 1969
Bureau of Vital Statistics

State of Utah } ss.
County of Salt Lake }

Certificate No. 17568

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Slifer (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on November 4, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Martha Slifer

Subscribed and sworn to before me this 20th day of January, 1969

Notary Public, residing at Salt Lake City, Utah
My commission expires July 21, 1972
(Seal)

Signed Martha Slifer Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

737 South 13th East
(Street Address, City, State) Salt Lake City, Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1969

Notary Public, residing at Salt Lake City, Utah
My commission expires July 21, 1972
(Seal)

Signed Carl N. Arlack
(Signature of Any Credible Person)

929 1st Ave SLC Utah 84103
(Street Address, City, State)

FORM DH 60 155

CL 1-17-69. one copy pd.

Photo copy of Newspaper Article, Social Notes, Wednesday, November 5, 1919, gives name in article as Miss Martha Slifer, age 6, article concerned her birthday given by her grandmother, Mrs. William Thomas - viewed by VS.

JAN 23 1969

Senior High School Report Card, 1931-1932, Idaho Falls Public Schools, gives name of student as Martha Slifer, Grade 12 - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17569

City of Idaho Falls
666-105-010-396
No. _____ St.

Registration District No. 73 File No. _____

Primary Registration District No. 2150 Registered No. 295

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 5 (Month) (Day)

FATHER		MOTHER	
FULL NAME	John H Fowler	FULL MAIDEN NAME	Mildred Crofts
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Huntington, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Kennard
Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Idaho Falls Ida.

Filed Dec 5 1913 Wm Kennard
Registrar

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Bonneville

Garfield

453-129

010-296 St.

Registration District No. 73 File No. 17570

Primary Registration District No. 2150 Registered No. 296

FULL NAME OF CHILD RAY METCALF

M	Twin Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Metcalf	FULL MAIDEN NAME	Mabel Groom
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children of this mother including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher (Physician or midwife)

Given names added from a supplemental report

19

Address Rigby Idaho

Registrar

Filed Dec 5 1913 [signature] Registrar

S-Y CO. 20174

Form P. S. No. 1-10-Sec. 1-IV

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonn. } ss.

Certificate No. 17570

Date Filed 3 - 15 - 1943

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Ray Metcalf (Name on Original Certificate) who Born (Was Born or Died) on Nov. 29. 1913. (Date of Event)

in Ucon Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ray Metcalf
Ray Metcalf		

Subscribed and sworn to before me this 15th day of March, 1943

O A Johnson

Notary Public, residing at Idaho Falls Ida

My commission expires March 11th 1945

(Seal)

Signed Mabel Groom Metcalf

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

575 N. St. Idaho Falls Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

.....

(Street Address, City, State)

MAR 18 1943

249-204
030-914

PLACE OF [redacted]

Form V. S. No. 11-C—25m-1-1-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 42

File No. 17571

Primary Registration District No. 2116

Registered No. 15

FULL NAME OF CHILD Eria Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	July 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Peter Smith	FULL MAIDEN NAME	Milka Radononic
RESIDENCE	Salmon, Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at — M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No physician Reported to Dr Hanmer by Peter Smith
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Oct 22 1913 Helen L. Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

318-214-030-212 No. ____, ____ St.

Registration District No. 42 ~~77~~ 2116

File No. 17572

Primary Registration District No. 2117

Registered No. 16

Hospital ____

FULL NAME OF CHILD Laura Josephine Taylor

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
f.		yes	8 14 1913

FATHER		MOTHER	
FULL NAME	Alvin E. Taylor	FULL MAIDEN NAME	Florence Basset
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or Midwife)

Given names added from a supplemental report

Address Salmon

Filed 10-22 1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V.S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

MARGIN RESERVE

WRITE PLAINLY, WITH PENDING

613-208-030-299 (Be sure the information is complete and accurate)
Amended 10-18-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17573
Local Reg. No. 17
Reg. Dist. No. 42

1. PLACE OF BIRTH
a. COUNTY: Lemhi
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salmon
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Pauline
b. (Middle): Lillian
c. (Last): Walker

4. SEX: F.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 9 - 8 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Robert
b. (Middle):
c. (Last): Walker

8. AGE (At time of this birth): 40 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Missouri
10. USUAL OCCUPATION: Dredge, Wenchman
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nell
b. (Middle):
c. (Last): Kirtley

13. AGE (At time of this birth): 35 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. F. Hanmer
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Salmon, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 10-22-1913
22. REGISTRAR'S SIGNATURE: Helen L. Smith
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

X or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ? in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAY 18 1966 Bureau of Vital Statistics

State of IDAHO } ss.
County of Lemhi

Certificate No. 17573

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Eileen Walker (Name on Original Certificate) who was born (Was Born or Died) on Sept. 8, 1913 (Date of Event) in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by affidavit (Bible Record, Insurance Policy, Etc.) prepared on May 16, 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Eileen Walker	Pauline Lillian Walker

Subscribed and sworn to before me this 16th day of May, 1966

[signature]

Notary Public, residing at Salmon, Idaho

My commission expires December 11, 1966

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Lemhi

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1966

[signature]

Notary Public, residing at Salmon, Idaho

My commission expires December 11, 1966.

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Salmon, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 5-10-66. one copy pd. rec. #11611.

Own Child's Birth Cert. on file: (Idaho Birth) #215653 gives full maiden name of mother as Pauline Lillian Walker - viewed by V.S.

Marriage License gave full maiden name of bride as Pauline Walker - viewed by V.S.

Statement from Sacred Heart Academy, Missoula, Montana, Sister Julius Marie, Treasurer, dated Feb. 10, 1967 states "Our accounts receiveable ledger for 1919-1920 list a Paula Walker, age six. The parent is Mrs. R.S. Walker and the home address is Salmon, Idaho." - viewed by V.S.

correction approved by Mr. B.

765-113-230-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 17574

Primary Registration District No. 2116 Registered No. 18

FULL NAME OF CHILD ~~LeRoux~~ Louis Edward Polland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Oct. 13 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John W Polland	FULL MAIDEN NAME	Ada Louise Gatewood
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	~~Mo~~ Kansas	BIRTHPLACE	Mo
OCCUPATION	Farming	OCCUPATION	Home-wife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D.
(Physician or midwife)

Address Salmon, Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 10-23-1913 Helen L. Smith Registrar

9-Y CO. 24658

SEP . 7 1972

8/19/41 L. B.

356-122-030-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 17575

Primary Registration District No. 2116 Registered No. 19

FULL NAME OF CHILD Thayer Andrew Lewis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes.	10 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Lewis	Mary Victoria Crowther
RESIDENCE	Salmon	Salmon
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	26 (Years)
BIRTHPLACE	Indiana	Utah
OCCUPATION	Showman	Theatrical

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Hatton, M.D.

(Physician or Midwife)

Address Salmon, Ida

Given names added from a supplemental report

....., 19.....

Filed 10-24 — 1913 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

356-122-070 396

MAY 28 19[illegible]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

2575

(Year)

BIRTHPLACE

OCCUPATION

Number of children, of this mother, now

299-219-030-242

Form V. S. No. 11-C—20m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of 4th July Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17576

Registration District No. 42 File No. .....

Primary Registration District No. 2116 Registered No. 20

FULL NAME OF CHILD Arnold Kriley

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 19th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl J Kriley	FULL MAIDEN NAME	Arnold Bustin
RESIDENCE	4th July Creek	RESIDENCE	4th July Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	75 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Kansas
OCCUPATION	Forester	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright
Mr
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Salmon Idaho

Filed 11-4- 1913 Helen L [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

435 - 231 - 280 - 284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 17577

Primary Registration District No. 216 Registered No. 21

FULL NAME OF CHILD Mc. Nicoll

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	10 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Murdock M. Mc. Nicoll	Elaine Shamsey
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Ida.	Ida
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Hatton M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Salmon, Idaho

Filed 11—1—1913 Helen L. Smith

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17529

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev. 8-7-41

355-231-030-869

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 42 File No. 17578

Primary Registration District No. 2116 Registered No. 22

FULL NAME OF CHILD Virginia Lee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilson Scot Lee	FULL MAIDEN NAME	Jessie Hornback
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Salmon Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Idaho

Filed 11-8-1913 Helen L. Smith

Registrar

Registrar

S-Y CO 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

245-122
042-315

PLACE [redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin

City of Buhl

Registration District No. 39 File No. 17579

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Raymond Kunze

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	11 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Rudolph Kunze	FULL MAIDEN NAME	Annie Van Patton
RESIDENCE	2E-1S Buhl	RESIDENCE	2E-1S Buhl
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	McKeesport Pa	BIRTHPLACE	Vassar Mich
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky MD.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl Ida

Filed 11-28 1913 J. T. Murphy Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

699-125-042-393

Form V. S. No. 11-C—25m-1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 17580

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD John Wm. Kenneth Wire

Sex of Child M.	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	F. A. Wire	FULL MAIDEN NAME	Hazel Titherington
RESIDENCE	4 W. - 4 N. Buhl	RESIDENCE	4 W. - 4 N. Buhl
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Keats Kan	BIRTHPLACE	Ottawa Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. T. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Buhl Ida

Filed 11-28 1913 J. H. McCurfiey
Registrar

Registrar

5-Y CO. 24655

MAR 17 1942

MAR 10 1975

962-225-042-893

Form V. S. No. 11-C—25m-1-1-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17581

County of Twin Falls

City of Buhl Ida

Registration District No. 39 File No.

No. St.

Primary Registration District No. 2087 Registered No.

Hospital

FULL NAME OF CHILD Sarah Fern Robinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	11 (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. C Robinson	FULL MAIDEN NAME	Josie Hill
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Enigma, Smith Co, Tenn	BIRTHPLACE	Cumberland Co Tenn
OCCUPATION	Telephone Man	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Buhl Ida

Filed 11-28 1913 J. H. Mueller Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.- In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 3 1948

769-125-042-239

PLACE OF BIRTH

Form V. S. No. 15-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39

Primary Registration District No. 2087

File No. 17582

Registered No. .....

FULL NAME OF CHILD Arthur Edward Sons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov. 25 1913

FATHER		MOTHER	
FULL NAME	Walter Sons	FULL MAIDEN NAME	Julia Kling
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	plumber	OCCUPATION	housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl Ida

Filed 11-30 1913 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No.-11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

314-117-042-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39. File No. 17583

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD ~~R.~~ Glen Dale Cambell Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	11 - 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	R. E. Cambell	FULL MAIDEN NAME	Myrtha Winters
RESIDENCE	Castleford.	RESIDENCE	Bovia.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M.D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl

Filed 11-20 1913 J. T. Murphy Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 11 1957

154-210-042-813

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 17584

No. ..... St.

Primary Registration District No. 2017 Registered No. .....

Hospital ..... NANCY JOHANNA ARRITA

FULL NAME OF CHILD ~~Woman~~ Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 10 1913

FATHER	MOTHER
FULL NAME: Oscar P. Anderson	FULL MAIDEN NAME: Katie Hall
RESIDENCE: Buhl	RESIDENCE: Buhl
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Neb	BIRTHPLACE: Neb
OCCUPATION: rancher	OCCUPATION: housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wathen

(Physician or midwife)

Address Buhl Idaho

Given names added from a supplemental report

..... 19.....

Filed 11-12 1913 J. T. Murphy

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 17584

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) who Born (Was Born or Died) on Nov. 10, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mamie Johanna	Nancy Johanna Anderson
		Arita

Subscribed and sworn to before me this 24th
day of April, 1943

Nancy M Crane
Notary Public, residing at Berkeley, Calif

My commission expires aug
(Seal)

Signed Katie Heckel Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2310 Russell St, Berkeley, Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

APR 30 1943

695-109-042-343

Form V. S. No. 15-C—[illegible]

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 17585

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Chas. Eugene Freeman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gaylord J. Freeman	FULL MAIDEN NAME	Bessie May Lucas
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Druggist	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida

Filed 11-12 1913 J. T. Murphy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

353-109-042-815

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 17586

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leonard Lester Leth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	11 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo C Leth	Anna Hansen
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	25
BIRTHPLACE	Howard Co Neb.	Howard Co Neb.
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report. ..... 19.....

Filed 11-10 1913 J. A. Murphy
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth stated.

DECEASED

557-106-042-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 17587

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD LYMAN MILLER Engle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ezra C. Engle	FULL MAIDEN NAME	Sadie R. Miller
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Kan.	BIRTHPLACE	Iowa
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Stillborn or stillborn) 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida

Registrar

Filed 11-12 1913 J. T. Murphy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

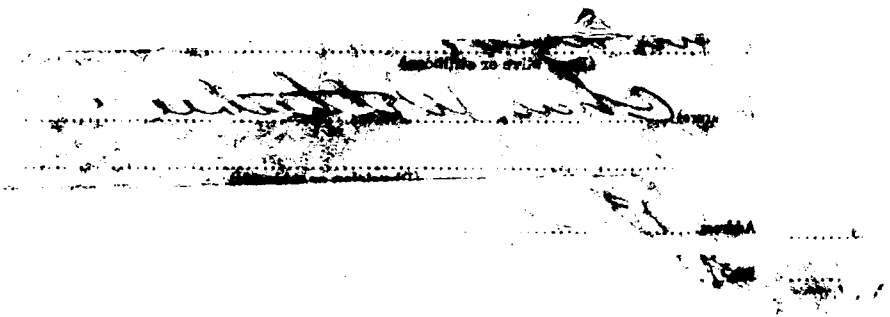
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

DEC 1 1952

SEP 30 1974

APR 15 1976



212-205-042-555

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 17588

Primary Registration District No. 287 Registered No. .....

FULL NAME OF CHILD Ruth Edna Babcock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F Sydney John		yes	11 (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	S. J. Babcock	FULL MAIDEN NAME	Ruth Near
RESIDENCE	6½ S. 7 W. Buhl.	RESIDENCE	same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kan	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6.15 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Buhl

Filed 15 10 1910 J. T. Murphy
Registrar

Registrar

S-7 CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Hospital

FULL

Sex o

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

PLACE O[illegible] [illegible] HO [illegible] STATISTICS

CERTIFICATE OF BIRTH

County of M[illegible]

City of Rupert

No. 294-229-034-719 St.

Registration District No. 19

File No. 17589

Primary Registration District No.

Registered No. 38

Hospital

FULL NAME OF CHILD Hazel LAVELL SIMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles W. SIMS	FULL MAIDEN NAME	Delice Parker
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Iowa
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 9 M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician

(Physician or midwife)

Given names added from a supplemental report.

Correction made from certificate No. 128973. 1/31/[illegible]

Rupert

Nov 3 1913

C H Scott

Registrar

Registrar

3-7 CO. [illegible]

FEB 1 1944

Use only BLACK ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. .....
Local Reg. No. .....
Reg. Dist. No. .....

JAN 13 1942

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Minidoka (b) City Rupert
(c) Street Address or R.F.D. No. Hammond Row
(d) Name of Hospital or Maternity Home: born at home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Minidoka
(c) City Rupert
(d) Street Address or R.F.D. No. Hammond Row
(e) How long has **MOTHER** lived in Idaho? 2.0 yrs.

3. RESIDENCE OF FATHER (city, state) Rupert, Ida

4. FULL NAME OF CHILD Hazel LaVell Sims

5. Date of Birth of Child (Month, day, year) Nov. 29, 1913

6. Sex female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd

8. No. months of Pregnacy 9 **9.** Legitimate? yes

FATHER OF CHILD

10. FULL NAME Charles W Sims
11. Color or Race white **12.** Age at time of THIS birth 28 yrs.
13. Birthplace Fairbury (City or town) Nebraska (State or foreign country)
14. Exact Occupation Veterinary
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Delcia May Parker
17. Color or Race white **18.** Age at time of THIS birth 25 yrs.
19. Birthplace Pauserville, Miss. (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum .....

23. Number of children of this mother: (a) At time of birth and including this child 4 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of California
County of Los Angeles } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and that C. L. (First name) Scott (Last name) M.D., who attended this birth is now deceased (Is now deceased) or (Cannot be located), I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Mrs. Delcia Parker Mathis Signature

..... P. O. Address

Subscribed and sworn to before me this 9 day of January, 1942

(SEAL) Louis A. Hart Notary Public, residing at Glendale

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on JAN 13 1942 by ..... Registrar.

JAN

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

266 [illegible]
034 [illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minn[illegible]

City of Rupert

Registration District No. 19 File No. 17590

No. ..... St.

Primary Registration District No. ..... Registered No. 37

Hospital .....

FULL NAME OF CHILD Louise Bowlby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Bowlby	FULL MAIDEN NAME	Fay Hagen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenagy
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rupert Ida

Filed Nov 25 1913 C H Scott
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 7 1958

863-206-034-689

Form V. R. No. 11-C-[illegible]

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 17591

Primary Registration District No. ..... Registered No. 36

FULL NAME OF CHILD Louise Howard Hochaday

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	11 (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	C U Hochaday	FULL MAIDEN NAME	Edna White
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Keagy

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rupert

Filed Nov 12 1913 C H Scott Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) [illegible]

3,1/41 Z.J.

543-259-034-799

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Rupert.

No. ..... St.

Hospital .....

Registration District No. 19 — File No. 17592

Primary Registration District No. ..... — Registered No. 35—

FULL NAME OF CHILD ETHEL Lola Nutting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	November 9 1913

FATHER		MOTHER	
FULL NAME	William S Nutting	FULL MAIDEN NAME	Ethel R Griffith
RESIDENCE	Rupert Ida.	RESIDENCE	Rupert Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C H Scott

Physician

(Physician or midwife)

Address Rupert Ida.

Filed Nov 12 1913 C H Scott Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 17592

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lola Nutting (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 2, 1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lola Nutting	Lola Ethel Nutting

Subscribed and sworn to before me this 10th
day of April, 1942

A. E. De Mary

Notary Public, residing at Rupert, Idaho
My commission expires July 6, 1943
(SEAL)

Signed William S. Nutting
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 53 Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1942

A. E. De Mary

Notary Public, residing at Rupert, Idaho.
My commission expires July 6, 1943
(SEAL)

Signed Vera Pride
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

709-3rd St., Rupert, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

15 1942

MAR 17 1976

467-205-034-867

Form V. S. No. 1 [illegible]

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 17593

Primary Registration District No. ..... Registered No. 34

FULL NAME OF CHILD Jennice Dophner

Sex of Child: Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo. W Dophner	FULL MAIDEN NAME	Marguerite Hoplitz
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Wis.
OCCUPATION	Electrical Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 Born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C H Scott

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Rupert

Filed Nov 10 1913 C H Scott
Registrar

Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 267723

418-101-034-659

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 19

File No. 17594

Primary Registration District No. _____

Registered No. 39

FULL NAME OF CHILD Earl Mayes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	11 (Month) 1 (Day) 191.3 (Year)

FATHER		MOTHER	
FULL NAME	Daniel L Mayes	FULL MAIDEN NAME	Martha A. Niel
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	Arkansaw
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Scott, Physician

(Physician or midwife)

Address Rupert

Filed Nov 3 19 13 C. A. Scott Registrar

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24055

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1956
FEB 20 1969
AUG 7 1970

281-102-034-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Minidoka

City of Rupert.

Registration District No. 19 File No. 17595

No. ..... St.

Primary Registration District No. ..... Registered No. 40

Hospital .....

FULL NAME OF CHILD Cecil Jay Shaver

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	11 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jay N Shaver	Emma L Gibson
RESIDENCE	Rupert.	Rupert.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Kansas	Neb.
OCCUPATION	Real Estate	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Scott, Physician
(Physician or midwife)

Address Rupert.

Filed Nov 3 19 13 C S Scott
Registrar

..... 19.....

..... Registrar

S-Y CO. 24655

JAN 29 1942

OCT 3 1966

553-22-084-65

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-10m-[illegible]

PLACE OF BIRTH

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 17596

Primary Registration District No. ..... Registered No. 41

FULL NAME OF CHILD. Hilda May Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	November 24 1913

FATHER		MOTHER	
FULL NAME	William C Nelson	FULL MAIDEN NAME	May Fenton
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kelly

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 4 1913 C H Scott

Registrar

..... Registrar

S-Y CO. 20174

Form V.S. No. 11-C—Rev. 1952

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

CHILD'S NAME

GIVEN NAME

FATHER'S NAME

MOTHER'S NAME

19

713-209-014-243

Form V. S. No. 11-C—20m-3-1[illegible]

PLACE OF BIRTH

[illegible]ATE OF IDAHO
[illegible] OF VITAL STATISTICS

[illegible]TIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 61 File No. 1 **17597**

Primary Registration District No. 2130 Registered No. 9

FULL NAME OF CHILD Wilma Irene Pathoel

Sex of Child: Girl	Twin Triplet or other? - and Number in order of birth - (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Nov. (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas. Albert Pathoel	FULL MAIDEN NAME	Gail Hamilton Kutch
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	South Dakota	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 1st 1913 Crispin Wright
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 30 1970

364-230-014-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

Registration District No. 51 File No. 17598

No. ____ St.

Primary Registration District No. 2130 Registered No. 11

Hospital ____

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	yes	Nov. 3rd 1913

(To be answered only in event of plural births)

FATHER

FULL NAME J. F. Comfrey

RESIDENCE Fruitland

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mo.

OCCUPATION Nurseryman

MOTHER

FULL MAIDEN NAME Ida Marie Elliott

RESIDENCE Fruitland

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M. D.

Fruitland, Ida.

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Dec 9 19 13 Crispin Wright

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11 C- 3m-8-12-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

893-216-014-439

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland, Ida

No. ..... St.

Hospital .....

Registration District No. 31 File No. 17599

Primary Registration District No. 2130 Registered No. 16

FULL NAME OF CHILD Marjorie McRae Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	Yes	Nov. 16 1913

FATHER

FULL NAME James M. Hill

RESIDENCE Fruitland

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Huron Illinois

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Isabella McRae

RESIDENCE Fruitland, Ida

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Victoria Co. Nova Scotia

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Fruitland, Ida.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 1st 1913 Crispin Wright

Registrar

8-Y CO. 20174

Registrar

JUL 18 1944

JUL 19 1944

264-120
007-691

PLACE OF BIRTH

County of Blaine

City of Manard

No. ..... St.

Hospital .....

Registration District No. 28

Primary Registration District No. 238 Registered No. 37

FULL NAME OF CHILD David Wray Bourp

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	11 20 1913

FATHER	MOTHER
FULL NAME Chas Bourp	FULL MAIDEN NAME Isabelle Wray
RESIDENCE Manard Ida	RESIDENCE Manard Idaho
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11-20-13 (Born alive or stillborn) at 10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

-Given names added from a supplemental report.

(Signature) DeWitt O Higgs M D

(Physician or midwife)

Address Soldier Ida

..... 19.....

Registrar

Filed 11-21 1913 DeWitt O Higgs

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 16 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] No. 11-C-[redacted]

County of [redacted]

City of [redacted] 17601

No. ..... St.

622-121-007-495 Primary Registration District No. 7738 Registered No. 8

Hospital .....

FULL NAME OF CHILD FRANKLIN CLYDE OSBORNE Donald Osborne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Allen Osborne	FULL MAIDEN NAME	Gertrude Mink
RESIDENCE	Fairfield Idaho	RESIDENCE	Fairfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebr	BIRTHPLACE	Va.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11-21-13 at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs
M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Soldier Ida

Filed 11 22 1913 DeWitt P. Higgs
Registrar

Registrar

S-Y CO. 24655

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Camas }

Certificate No. 17601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Franklin Clyde Osborne (Name on Original Certificate) who was born (Was Born or Died) on November 21, 1913 (Date of Event) in near Fairfield, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on near time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Osborn	Osborne
Name	Unnamed	Franklin Clyde Osborne

Subscribed and sworn to before me this 22 day of August, 1942.

Tom W. Lussier

Notary Public, residing at Fairfield, Idaho

My commission expires October 11th, 1944

(Seal)

Signed Iletra Osborne) Caswell

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Camas }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1942.

Tom W. Lussier

Notary Public, residing at Fairfield, Idaho

My commission expires October 11, 1944

(Seal)

Signed Ray G. Jones

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 25 1942

AUG 26 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Blaine

City of Manard

No. 438-128-007-533 St.

Registration District No. 58 File No. 17602

Primary Registration District No. 2138 Registered No. 39

Hospital

FULL NAME OF CHILD Ellis Vance McHan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Vance McHan	FULL MAIDEN NAME	Florence Ellis
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 11-28-13 at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DelWitt P. Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

19

Address Soldier, Ida

Filed 11 29 1913 DelWitt P. Higgs
Registrar

Registrar

S-Y CO. 24655

[redacted]

MAY 8 [redacted]

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 11-C-2

City of Salem

Registration District No. 100

File No. 17603

No. ..... St.

Primary Registration District No. 2178

Registered No. 134

Hospital .....

FULL NAME OF CHILD Elton Lamarr Gillies

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Oct (Day) 5 (Year) 1913
Male			

FATHER		MOTHER	
FULL NAME	David A Gillies	FULL MAIDEN NAME	Margret A Miller
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	AGE AT LAST BIRTHDAY 33 (Years)	COLOR	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer ✓	OCCUPATION	

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe ✓

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

B-Y CO. 20174

AUG 27 1957

JAN 2 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDA[redacted]
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BI[redacted]

County of Fremont

City of Sugar

No. 369-217-022-253 St.

Hospital

Registration District No. 100 File No. 17604

Primary Registration District No. 2178 Registered No. 135

FULL NAME OF CHILD MARIAN ELVIRA CORNWALL

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Oct 17 1913

FATHER		MOTHER	
FULL NAME	John H Cornwall	FULL MAIDEN NAME	Bertha Kelley
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 29 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Ills.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Sharp

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 10-3 1913 J J Espe Registrar

S-Y CO. 20174

Form V. S. No. 1910—Rev. 1915-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Illinois
County of Macon } ss.

Certificate No. 17604

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Oct. 17, 1913 (Date of Event)
in Sugar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by admission record Jobs Daughters Cert. of Baptism, Christ Church, Wis. Nov 21, 1933
(Bible Record, Insurance Policy, Etc.) prepared on November 20, 1926 (Give Date) Viewed by V. S., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Marian Elvira Cornwall

Subscribed and sworn to before me this 29 day of January, 1957

Connie Walker
Notary Public, residing at 155 N. Broadway Decatur
My commission expires 10-13-59
(Seal)

Signed X Deltha E. Graves
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

723 W. Prairie Ave., Decatur, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebraska
County of Douglas } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1957

U.S. Dist. Postmaster Omaha, Nebraska
Notary Public, residing at
My commission expires August 9, 1959
(Seal)

Signed X Grace C. Little
(Signature of Any Credible Person)

1015 South 9th Street, Omaha Nebraska
(Street Address, City, State)

FORM DPH 55. 155

MAR 18 1957

Amended 7-9-59

PLACE OF BIRTH

639-123-022-694

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17605

Primary Registration District No. 2178 Registered No. 137

FULL NAME OF CHILD Joseph Emerson Olive

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Oct. 23, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: John Thomas Olive, Jr.	FULL MAIDEN NAME: Rachel Widdison
RESIDENCE: Hibbard	RESIDENCE: Hibbard
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.R. Shupe

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 12-3-1913 [redacted] G.G. Espe

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 17605

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Male Olive (Name on Original Certificate) who was born (Was Born or Died) on Oct 23, 1913 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Olive	Joseph Emerson Olive
Full Name of Father	John Thomas Olive	John Thomas Olive, Jr.

Subscribed and sworn to before me this 12th day of June, 1959
Notary Public, residing at Blackfoot
My commission expires 8-15-62
(Seal)

Signed Rachel Widdison Olive
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 366 Aberdeen Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 1959
Notary Public, residing at Blackfoot
My commission expires 8-15-62
(Seal)

Signed Floyd W Winstead
(Signature of Any Credible Person)
Box 366 Aberdeen Idaho
(Street Address, City, State)

FORM DPH 55.155 L. 4-16-59 1 copy pd

Own Child's Birth Certificate on file, #214450, July 26, 1933 gives name as Joseph Emerson Olive - viewed by V.S.

L.D.S. Church Certificate of Birth, entered on record 7 December 1913 gives name as Joseph Emerson Olive - viewed by V.S.

Father's Death Certificate on file, #57335, May 17, 1927, gives name as John Thomas Olive, Jr. - viewed by V.S.

Another Child's L.D.S. Church Record, taken from records of year 1919 - 18th Ward - West Pocatello Stake - Pocatello, Idaho gives Father's Name as John Thomas Olive, Jr. - viewed by V.S.

895-124-022-257

Amended 5-16-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17606
Local Reg. No. 138
Reg. Dist. No. 100

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Hibbard

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Dean b. (Middle): Spencer c. (Last): Hinckley

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 10 - 24 - 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Ira b. (Middle): N. c. (Last): Hinckley

8. AGE (At time of this birth): 34 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma b. (Middle): c. (Last): Keppner

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 12-3-1913

22. REGISTRAR'S SIGNATURE: G. G. Espe

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 27 1968
Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. 17606

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hinkley (male child) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 24, 1913 (Date of Event)

in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dean Spencer Hinckley
Full Name of Father	Ira N. Hinkley	Ira N. Hinckley
Full Maiden Name of Mother	Emma Kappner	Emma Keppner

Subscribed and sworn to before me this 22ND day of JANUARY, 1968

Notary Public, residing at REXBURG, IDAHO

My commission expires 10/1/68

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

REXBURG, IDAHO RFD #1
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO MADISON
County of MADISON } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND day of JANUARY, 1968

Notary Public, residing at REXBURG, IDAHO

My commission expires 10/1/68

(Seal)

Signed Frank Sidney Hinckley
(Signature of Any Credible Person)

REXBURG, IDAHO RFD #1
(Street Address, City, State)

FORM DH 60-155

CL 12-13-67. one copy pd. rec. #25033.

Own child's birth certificate, On file Idaho, State File #375185, gives name of father as Dean Spencer Hinckley - viewed by V.S.

Another child's birth certificate, On file Idaho, State File #134867, gives name of Parent's as Ira Hinckley and Emma Luella Keppner - viewed by V.S.

Death Certificate, On file Idaho, State File #56-2824, gives name as Ira Nathaniel Hinckley ~~and Emma Keppner~~ - viewed by V.S.

LDS Church Cert. of Baptism and Confirmation, Nov. 5, 1921, gives full name as Dean Spencer Hinckley, son of Ira N. Hinckley and Emma Keppner, born Oct. 24, 1913 at Hibberd, Idaho - viewed by VS.

Social Security Card, #518-10-0075, gives full name as Dean Spencer Hinckley, dated Oct. 12, 1937 - viewed by VS.

962-227-022-366

[redacted] V. S. No. 11-C—20m-[redacted]

[redacted]CE OF BIRTH

Fremont

Sugar

St.

BUR[redacted]ATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17607

Primary Registration District No. 2 Registered No. 139

[redacted] NAME OF CHILD Florence Roberts

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Female			Oct 27

FATHER		MOTHER	
FULL NAME	John Roberts	FULL MAIDEN NAME	Sybil Cook
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Chemist	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

19

Address

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PE[redacted]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be m[redacted] of each, in order of birth stated.

FEB 10 1942

613-228-022-593

Form V. S. No. 11-C—20m-2-25-32

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 100

File No. 17608

Primary Registration District No. 2178

Registered No. 140

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Carmel		yes	Oct 28 1913

FATHER		MOTHER	
FULL NAME	John Austin Watts	FULL MAIDEN NAME	Ellene Nichols
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 11-11 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-8-36-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

455-230-022-343

Form V. S. No. 11-O—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17609

Primary Registration District No. 2178 **Registered No.** 141

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Oct 30 1913

FATHER		MOTHER	
FULL NAME	Carl Denny	FULL MAIDEN NAME	Irene Tucker
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 40 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Revised-B

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

613-131-022-295

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17610

Primary Registration District No. 2178 Registered No. 142

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Franklin Watts	FULL MAIDEN NAME	Lizie Freman
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Barber	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 11-10 1913 G. G. Espe

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-327940

639-101-022-753

Form V. S. No. 11-C—20m-8-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 100 File No. 17611

Primary Registration District No. 2178 Registered No. 143

Hospital .....

FULL NAME OF CHILD George Martin Flint, Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 1 1913

FATHER		MOTHER	
FULL NAME	George Martin Flint	FULL MAIDEN NAME	Agnes Peterson
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 3 1958

JUL 9 1942

845-110-022-315

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17612

Primary Registration District No. 2178 Registered No. 144

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Nov (Day) 16 (Year) 1913
M			

FATHER		MOTHER	
FULL NAME	Jacob T. Hunt	FULL MAIDEN NAME	Esther Canfield
RESIDENCE	Sugar City	RESIDENCE	Sugar City
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1L45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Eope

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—Rev. 3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

565-111-022-689

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17613

Primary Registration District No. 2178 Registered No. 145

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			11 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Novelle	FULL MAIDEN NAME	Mary Whitaker
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 9th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-369098

514-112-022-864

Form V. S. No. 11-C—20m-2-15-22

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17614

Primary Registration District No. 2178 Registered No. 146

FULL NAME OF CHILD Sterling Dwaine Nadauld

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 12 1913

FATHER		MOTHER	
FULL NAME	Geo Albert Nadauld	FULL MAIDEN NAME	Lillian Young
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Wt.	BIRTHPLACE	Ida.
OCCUPATION	Grocery Clerk	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-4-2 1913 G. G. Espe
Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 11 1964

PLACE OF BIRTH

713-113-022-349

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 22-C Rev. 3-15-12

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 180 File No. 17615

Primary Registration District No. 2178 Registered No. 147

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				11 13 1913

FATHER		MOTHER	
FULL NAME	Geo Pottingale	FULL MAIDEN NAME	Maud Sands
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1020 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 12-3 1913

G. G. Espe
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1140-2000

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Archer

No. 599-115-022-23 St.

Registration District No. 100 File No. 17616

Hospital

Primary Registration District No. 2178 Registered No. 148

FULL NAME OF CHILD Bernarr Blackburn Erickson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 15, 1913

What bacteriolidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Herman Erickson	FULL MAIDEN NAME	Gladys Edna Blackburn
RESIDENCE	Archer, Idaho	RESIDENCE	Archer, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

Midwife
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 11-22-13 192.. G. G. Espe Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison

Certificate No. 17616

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Denordeer Erickson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 15, 1913 (Date of Event)
in Archer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate prepared on July 7, 1913 (Bible Record, Insurance Policy, Etc.) Nov. 14, 1933 (Give Date) are:
Marriage License

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Denordeer Erickson	Bernarr Blackburn Erickson

Subscribed and sworn to before me this 28 day of March, 19 57

Notary Public, residing at Rexburg, Idaho
My commission expires Dec. 18, 1958
(Seal)

Signed Herman Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Thornton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of March, 19 57

Notary Public, residing at Rexburg, Idaho
My commission expires Dec. 18, 1958
(Seal)

Signed Margaret A Briggs (Mrs.)
(Signature of Any Credible Person)
Rexburg, Idaho
(Street Address, City, State)

FORM DPH 55.155

3-15-57

613-215-022-852

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Ryburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17617

Primary Registration District No. 2178 Registered No. 149

FULL NAME OF CHILD Mary Elenor Watts

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	(To be answered only in event of plural births)		Yes	11 15 (Month) (Day)

FATHER		MOTHER	
FULL NAME	Ellis Watts	FULL MAIDEN NAME	Hannibell Heater
RESIDENCE	Ryburg	RESIDENCE	Ryburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Mt	BIRTHPLACE	Ky
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 20 P. M on the date above stated.

(Born alive or stillborn)

(Signature) G. G. Estes

M. D.

(Physician or midwife)

Address _____

Filed 11-15-1913 G. G. Estes

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

133-216-[illegible]-693

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17618

Primary Registration District No. 2178 Registrar No. 150

FULL NAME OF CHILD Lila Alice Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	11 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Allen	FULL MAIDEN NAME	Cora Williams
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Musician	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-16 1913 G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 17618

Registered No.

132-112-022-469

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17619

County of Fremont

City of ~~Rexburg~~ Lyman

Registration District No. 100

File No.

No. ..... St.

Primary Registration District No. 2178

Registered No. 151

Hospital .....

FULL NAME OF CHILD JESS WELBY ATKINSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11 17 1913

FATHER		MOTHER	
FULL NAME	W. Elmer Atkinson	FULL MAIDEN NAME	Martha Morris
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-12 1913 G. L. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Madison } ss.

Certificate No. 17619
Date Filed MAR

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jess Welby Atkinson (Name on Original Certificate) who Born (Was Born or Died) on Nov 17 1913 (Date of Event)
in Lyman Madison County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Jess Welby Atkinson

Subscribed and sworn to before me this 23rd
day of March, 1942

Notary Public, residing at Sugar Idaho
My commission expires Oct 8 1944
(Seal)

Signed William Elmus Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1 1 1970

343-317-02-557

PLACE OF BIRTH

Form V. S. No. 15-O-20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of [redacted] Sugar

Registration District No. 100

File No. 17620

No. ..... St.

Primary Registration District No. 2178

Registered No. 152

Hospital .....

FULL NAME OF CHILD Altha Tucker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Nov 7 1913

FATHER	MOTHER
FULL NAME Joe Tucker	FULL MAIDEN NAME Sarah Manda Ingram
RESIDENCE Sugar	RESIDENCE Sugar
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ill	BIRTHPLACE Utah
OCCUPATION Butcher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a.m. on the date above stated.

(Signature) J. V. Thayn

(Physician or midwife)

Address .....

Filed 12-3 1913

G. G. Estes
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

17620

266-120-022-271

Form V. S. No. 1-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Sunnydell

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17621

Primary Registration District No. 2178 Registered No. 153

FULL NAME OF CHILD Lowell Albert Safford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Ye	11 20 1913

FATHER		MOTHER	
FULL NAME	Cesar Safford	FULL MAIDEN NAME	Mable Spaulding
RESIDENCE	Sunnydell Ida	RESIDENCE	Sunnydell, Ida
COLOR		COLOR	
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ut.	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 05 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes M. D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11-20 1913 G. G. Estes Registrar

S-Y CO. 24655

469-122-022-513

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17622

Primary Registration District No. 2178 Registered No. 154

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Mill			Nov 2-2 1913

FATHER		MOTHER	
FULL NAME	Christ Mortensen	FULL MAIDEN NAME	May Valentine
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W AGE AT LAST BIRTHDAY 48 (Years)	COLOR	W AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thuyer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

693-125-022-285

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Bowerman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17623

Primary Registration District No. 2178 Registered No. 155

FULL NAME OF CHILD Merle Willis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Nov 25 1913 (Month) (Day) (Year)
Male			

FATHER		MOTHER	
FULL NAME	Ray Willis	FULL MAIDEN NAME	Blanch Shelton
RESIDENCE	Bowerman	RESIDENCE	Bowerman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 9:20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharp
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 12 1905

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

319-128-022-386

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17624

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 156

FULL NAME OF CHILD William Thomas Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 28 1913

FATHER		MOTHER	
FULL NAME	Phillip Carter	FULL MAIDEN NAME	Marguerite Thomas
RESIDENCE	Rexburg	RESIDENCE	R
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Mont.
OCCUPATION	Painter	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11,50 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 11-28 1913 G. G. Espe
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF CALIFORNIA,)
(ss.
COUNTY OF ALAMEDA.)

MARGUERITE T. CARTER, being first duly sworn, deposes and says: that she is the mother of WILLIAM THOMAS CARTER and that Phillip Carter is the father of the said WILLIAM THOMAS CARTER.

That the said WILLIAM THOMAS CARTER was born on November 28, 1913, at 12:10 P. M. of said day in Rexburg, Idaho; that Dr. George Espe was the physician in attendance; that said child was born at home.

That affiant's mother's and father's name was as follows, to-wit:

Violet Adelia Thomas
William H. Thomas

That Phillip Carter's mother's and father's name was as follows, to-wit:

Adeline Carter
Joseph Carter.

Marguerite T. Carter

Subscribed and sworn to before me this 2nd day of April, 1941.

Notary Public in and for the County of Alameda, State of California.

168-128-022-168

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1625

County of ~~Madison~~ Fremont

City of Burton

Registration District No. 1 W

No. ..... St.

Primary Registration District No. 2178

Registered No. 157

Hospital ..... They have not named the child yet.

FULL NAME OF CHILD Alvin Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		4	yes	Nov 28 1913

FATHER	MOTHER
FULL NAME: Nephi Johnson	FULL MAIDEN NAME: Lena Hoffman Johnson
RESIDENCE: Burton	RESIDENCE: Burton
COLOR:	COLOR:
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Switzerland
OCCUPATION: Carpenter	OCCUPATION: house keeper

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Nov 28, 1913, at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Magdalena Daly
(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed Dec. 1 1913 G. G. Cooper
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-[illegible]

OCT 2 9 19[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(Cont'd)

413-128-022-454

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Canyon Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17626

Primary Registration District No. 2178 Registered No. 158

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Nov 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin E Matthews	FULL MAIDEN NAME	Nellie Demond
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shafer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

SEP 24 1975

651-201-022-655

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Fremont

~~County of Madison~~

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17627

Primary Registration District No. 2178 Registered No. 159

FULL NAME OF CHILD Maxine Ovard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Dec (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William M. Ovard	FULL MAIDEN NAME	Mina M Smith Ovard
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miller	OCCUPATION	housekeeper

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Magdalena Walz (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg

Filed 12-3 1913 G. G. Hope Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 3 1975

815-102-022-355

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17628

Primary Registration District No. 2178 Registered No. 160

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				12 2 1913

FATHER		MOTHER	
FULL NAME	Andrew Hansen	FULL MAIDEN NAME	Maud Lee
RESIDENCE	Rexburg	RESIDENCE	R.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wt	BIRTHPLACE	Wt
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-2 1913 G. G. Estes

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

17628

619-204-022-251

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17629

Primary Registration District No. 2178 Registered No. 109

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Aug (Day) 4 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Heber Ward	FULL MAIDEN NAME	Mable Knapp
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

599-204-022-695

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17630

Primary Registration District No. 2178 Registered No. 110

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Aug (Day) 4 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Chas Virgin	FULL MAIDEN NAME	Elmer Windley
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ben Alive (Born alive or stillborn), at 2 a M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12-3 1913 G. G. Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

445-105-022-912

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17631

Primary Registration District No. 2178 Registered No. 111

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			May 5 1913

FATHER		MOTHER	
FULL NAME	Bud Mungal	FULL MAIDEN NAME	Selma Raspmason
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Nebraska
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bonnie Alvin at 1:45 a. M. on the date above stated.

(Signature) J. H. Shupe

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 77-524

795-210-022-231

Amended 12-2-63

(Be sure the information is complete and accurate)

State File No. 17632
Local Reg. No. 112
Reg. Dist. No. 100

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canyon Creek

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canyon Creek

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Alyce b. (Middle): c. (Last): Pincock

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): August 10, 1913

FATHER OF CHILD

7. FULL NAME a. (First): John b. (Middle): Franklin c. (Last): Pincock

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 33 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Susan b. (Middle): c. (Last): Blackford

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 32 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): England

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. R. Shupe

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS:

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 12-3-1913

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY:

22b. WEIGHT AT BIRTH:

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

DISTRICT REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 27 1963
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 17632

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pincock (Name on Original Certificate) who was born (Was Born or Died) on Aug. 5, 1913 (Date of Event)
in Canyon Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child and Sex of Child	Unnamed and Male	Alyce Pincock and Female
Child's Date of Birth	Aug. 5, 1913	August 10, 1913
Father's Age (at time of this child's birth)	30	33 - Jan. 15, 1880
Mother's Age (at time of this child's birth)	31	32 - Jan. 22, 1881

Subscribed and sworn to before me this 2 day of
May, 19 63

Notary Public, residing at Rexburg, Idaho
My commission expires Dec. 18, 1966
(Seal)

Signed Mrs Susie Pincock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

B# 187 [redacted] Rexburg Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of
May, 19 63

Notary Public, residing at Rexburg, Idaho
My commission expires Dec. 18, 1966
(Seal)

Signed Grace P Cottle
(Signature of Any Credible Person)

259 W 1st No Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 4-26-63. ~~nn~~ one copy pd. rec. #05070.

The Illinois Bankers Life Insurance Co. Policy, No. 176659, dated Dec. 13, 1927, gives full name as Alice Pincock, born Aug.10, 1913 at Sugar City, Idaho - age 14, beneficiary is given as Susie Pincock, mother - beneficiary was changed on Mar. 26, 1945 to Gordon J. Williams, husband - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #408134 gives full maiden name of mother as Alyce Pincock, age 31 - viewed by V.S.

Sugar-Salem High School Diploma, given at Sugar City, Idaho, May 21, 1931 gives full name of student as Alyce Pincock - viewed by V.S.

L.D.S. Church Record, signed by Bishop Howard R. Bair, gives full name as Alyce Pincock (Williams) Williams is married name - Blessed Sept. 25, 1913, Baptized Nov. 5, 1921, Confirmed Nov. 6, 1921 - married Jan. 17, 1934 gives date of birth as Aug. 10, 1913 at Teton, Idaho to J. Frank Pincock and Susie Blackford - viewed by VS.

Father's Death Cert. on file: (Idaho Death)#50-1549 gives full name of deceased as John Franklin Pincock, died April 23, 1950 at Rexburg, Idaho, born Jan. 15, 1880 at Ogden, Utah - viewed by V.S.

Memorial from Flamm Funeral Home, in memory of John Franklin Pincock, born January 15, 1880 - died [redacted] 23, 1950 - viewed by V.S.

Family Record, appears old and unaltered gives one child's full name as Susannah Blackford, born Jan. 22, 1881 in England - married Frank Pincock on June 22, 1910 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence

No. 168-103-022-799 St.

Registration District No. 100

File No. 17633

Primary Registration District No. 2178

Registered No. 113

Hospital Res

FULL NAME OF CHILD ERVIN JOHNSON

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Aug 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charls H Johnson	FULL MAIDEN NAME	Martha Priest
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 11-11 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 17633
County of Jefferson } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ----birth---- (Birth or Death)
for Ervin Johnson (Name on Original Certificate) who was born (Was Born or Died) on August 3rd, 1913 (Date of Event)
in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on Sept 1st, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ervin Johnson
Date	Aug. 6th	Aug. 3, 1913

Subscribed and sworn to before me this 10 day of April, 1943

Notary Public, residing at Rigby, Idaho.

My commission expires Nov. 9th, 1946.
(Seal)

Signed Martha A Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of April, 1943

Notary Public, residing at Rigby, Idaho.

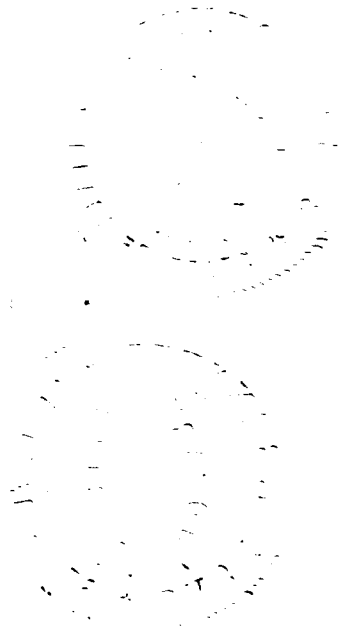
My commission expires Nov. 9th, 1946
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

1 2 1943

APR 14 1943



154-109
022-144

Amended 1/7/74

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17634
Local Reg. No.
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Joseph
b. (Middle): Merlin
c. (Last): Anderson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Aug. 9, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Joseph
b. (Middle): E.
c. (Last): Anderson

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Utah	Labor	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Charlotte
b. (Middle):
c. (Last): Judy

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Idaho			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED
12-3-13	C. C. Espe	BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY	WEIGHT AT BIRTH	Was 1% Silver Nitrate Used to prevent blindness?
____ WEEKS	____ LBS ____ OZS. TIME: 5:15 AM	YES ____ NO ____
RACE OF COLOR OF FATHER: W	RACE OR COLOR OF MOTHER: W	
METHOD OF DELIVERY:		

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

DEC 21 10 39 AM '73

State of ..... } ss.
County of ..... }

Certificate No. 17634

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Anderson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 9, 1913 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	~~Merlin Joseph Anderson~~ Joseph Merlin Anderso
mother's name	Lottie Judie	Charlotte Judy

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Flathead }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of
December, 19 73

Notary Public, residing at Kalispell, Mont.
My commission expires 7-1-74
(Seal)

Signed Harold M Anderson
(Signature of Any Credible Person)

123 East Idaho Kalispell Mt.
(Street Address, City, State)

FORM DH 60-155 CL 12/14/73 RUSH!!

Certificate of Birth from the LDS Church gives name as Joseph Merlin Anderson born Aug. 9, 1913.at Salem, Idaho. Father's name given as Joseph Emanuel Anderson. Mother's name as Charlotte Judy. from Fremont XXXX Stake, Salem Ward Record of Birth and Blessings 1913, page 346. XXX Entered on record Sept. 7, 1913. Viewed by V. S.

Certificate of Ordinatinn to the Holy Priesthood. gives name as Joseph Merlin Anderson. dated Feb. 10, 1935. Ordained an Elder. gives father's name as Joseph Ex and the mother's nameas Charlotte Judy. Baptized Sept. 3, 1921. Born at Salem, Idaho on Aug. 9, 1913. Viewed by V. S.

The person himself changed the affidavit to Joseph Merlin Anderson and added the mother's name. Orignally listed as Merlin Joseph Anderson and the mother's name as Lottie Judie.

714-110-022-297

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Canyon Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17635

Primary Registration District No. 2178 Registered No. 115

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M			Aug (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Hyrum E Garner	FULL MAIDEN NAME	Mary Bigler
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bern alive (Born alive or stillborn), at 10 50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Shryer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

913-119-022-231

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17636

Primary Registration District No. 2178 Registered No. 116

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			May 19 1913

FATHER		MOTHER	
FULL NAME	Fred Rotwiller	FULL MAIDEN NAME	Rose Stacenmiller
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1763

652-201-022-331

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Canyon Creek

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 103 File No. 17637

Primary Registration District No. 278 Registered No. 117

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Sept 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd D Westover	Margret Clay
RESIDENCE	Canyon Creek	Canyon Creek
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	Idaho	Wyoming
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-3 1913

Registrar

8-Y CO. 20174

Pile No.

Registered No.

413-102-022-384

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Burton

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17638

Primary Registration District No. 2178 Registered No. 118

FULL NAME OF CHILD .....

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Sep (Month) 2 (Day) 1913 (Year)

FULL NAME	FATHER Joseph Machem	FULL MAIDEN NAME	MOTHER Rose Lyman
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White AGE AT LAST BIRTHDAY 32 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 11-11 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

432-207-022-235

Form V. S. No. 11-C—20m-6-15-13

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17639

Primary Registration District No. 2178 Registered No. 119

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Sep (Day) 7 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Arch McKinley	FULL MAIDEN NAME	Debbie Stephens
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

PLACE OF BIRTH

JUL 2 0 2012

243-110-032-669

Form V.S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17640

Primary Registration District No. 2178 Registered No. 120

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Sep (Day) 10 (Year) 1913
Male			

FATHER		MOTHER	
FULL NAME	Philander Butler	FULL MAIDEN NAME	Nancy R. Forbush
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was J. R. Thupe (Born alive or stillborn) at 9a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C-1.m-8-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

965-210-022-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of ~~Sugar~~ Sugar

Registration District No. 100 **File No.** 17641

No. ..... *St.*

Primary Registration District No. 2178 **Registered No.** 121

Hospital .....

FULL NAME OF CHILD Paulin[redacted] Roemer

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Sep 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Conrad ~~[illegible]~~ Roemer	FULL MAIDEN NAME	Annie Dorn
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shup

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 5 1943

PLACE OF BIRTH

OCT 19 1953

214-114-022-765 [redacted]

Form V. S. No. 11-C-[redacted]

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17642

Primary Registration District No. 2178 Registered No. 122

FULL NAME OF CHILD Walter Baumgartner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
male		yes	Sept 14 [redacted]

FATHER		MOTHER	
FULL NAME	Ernest Baumgartner	FULL MAIDEN NAME	Mina Ifeller
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	~~39~~ 41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Sept 14, 1913 (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-2 1913 G. G. Eshe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 14 1942

819-221-022-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended 7-10-76

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17643

Primary Registration District No. 2178 Registered No. 123

FULL NAME OF CHILD Mary Leola Harries

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Sep 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ollie H Harries	FULL MAIDEN NAME	Hattie Laird
RESIDENCE	Teton City	RESIDENCE	Teton City
COLOR	AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913 G. G. Esper Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JAN 20 12 32 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 17643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Harris (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 21, 1913 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Harris	Mary Leola Harries
father's name	Ollie H. Harris	Henry H. Harries

Subscribed and sworn to before me this 19th day of January, 1976

Notary Public, residing at St. Anthony, Idaho
My commission expires 3-6-76
(Seal)

Signed Arthur Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
ST. Anthony, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January, 1976

Notary Public, residing at St. Anthony, Idaho
My commission expires 3-6-76
(Seal)

Signed Linda R. Gardner
(Signature of Any Credible Person)
21 North 2nd West
St. Anthony Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11/3/75

Church Certificate of Record of Membership issued by the L.D.S Church of Salt Lake City, June 24, 1976. Mary Leola Powell was born September 21 1913 in Teton, Idaho Baptized October 1, 1921 by Gaar S. Richman and Confirmed October 1, 1921 by . W. Huskinson Father's name Howells H. Harries and mother and mother is listed as Hattie Laird

JUL 1 2 1976

Statement regarding family record gives name as Mary Leola Harries Powell born September 21, 1913. Original record obviously old.
Viewed by V.S.

265-117-022-913

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17644
Local Reg. No.
Reg. Dist. No. 100

Amended 11/17/76

1. PLACE OF BIRTH
a. COUNTY Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hibbard
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE Idaho b. COUNTY Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hibbard
d. STREET ADDRESS (If rural, give location)

3. CHILD'S NAME (Type or print)
a. (First) James b. (Middle) Leslie c. (Last) Sommer

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): September 17, 1913

FATHER OF CHILD

7. FULL NAME a. (First) Will b. (Middle) c. (Last) Sommer

8. AGE (At time of this birth): 25 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First) Mary b. (Middle) Leannah c. (Last) Rock

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: 10-3-13
22. REGISTRAR'S SIGNATURE: G.G. Espe
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. Time: 10 PM
RACE OR COLOR OF FATHER W
RACE OR COLOR OF MOTHER W
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____
METHOD OF DELIVERY

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO
CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

10/4/76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 29 11 10 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 17644

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sommer (Name on Original Certificate) who was born (Was Born or Died) on Sept. 24, 1913 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Sommer	James Leslie Sommer
Date	Sept. 24, 1913	Sept. 17, 1913
Mother's name	Leha Rock	Mary Leannah Rock

Subscribed and sworn to before me this 20 day of October, 19 76

Notary Public, residing at Rexburg
My commission expires Aug. 78
(Seal)

Signed Nellie Le Bell Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Letter from L. Lalvl Rigby, Clerk, Hibbard Ward gives name as James Leslie Sommer. born Sept. 17, 1913. born as Hibbard, Idaho.
viewed by V. S.

Family group record gives name as James Leslie Sommer born Sept 17, 1913 at Hibbard, Idaho. father's name as William Sommer and mother ;s name as Mary Leannah Rock. viewed by V. S.

195-125-022-764

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C Rev. 6-15-38

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17645

Primary Registration District No. 2170 Registered No. 125

FULL NAME OF CHILD JAMES EARLE ARNOLD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Sep. 21 1913

FATHER		MOTHER	
FULL NAME	James Arnold	FULL MAIDEN NAME	Gladis Goddie
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bookkeeper U. F. D. Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Thyne

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-3 1913 J. J. Espe Registrar

8-Y CO. 20174

JUN 20 1954

JUN 16 1954

344-127-022-814

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Bowerman

Registration District No. 100 File No. 17646

No. ..... St.

Primary Registration District No. 2178 Registered No. 126

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Sep 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo J. Cunningham	FULL MAIDEN NAME	Mary Hammer
RESIDENCE	Bowerman	RESIDENCE	Bowerman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy Alive (Born alive or stillborn), at 4 54 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shup

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 10 — 3 1913 J J Espe

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

CHILD'S NAME ADDED 8-19-2010 CMW

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 17647

Primary Registration District No. 2178

Registered No. 127

FULL NAME OF CHILD ALSIE AMELIA PRICE

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate?

Date of Birth July 28 19[illegible] (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilford J Price	FULL MAIDEN NAME	Ivey Judie
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	AGE AT LAST BIRTHDAY 30 (Years)	COLOR	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer ✓	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Come alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12-3 1913

G. G. Espe
Registrar

Registrar

8-Y CO. 20174

K

PLACE OF BIRTH

RECEIVED
AUG 16 2010

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of UT
County of UTAH } SS

Certificate No. 1913-17647
Date Filed 12/03/1913

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for (unnamed Price) (Name on Original Certificate) who was born (Was Born, Died, etc.) on 09/28/1913 (Date of Event)
in Salem (Fremont Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
child's name	None	Alsie Amelia Price

Subscribed and sworn to before me this 12 day of AUGUST, 2010
Notary Public, [signature]
Residing at PROVO, UT
My commission expires MAY 26, 2012
(Seal)

JONATHAN MICHAEL BANKS
Notary Public
State of Utah
My Comm. Expires May 26, 2012
311 E 800 S Orem UT 84097

[signature]
Signature of Applicant
425 So 1450 E Provo UT 84606
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

(Must be completed ☐)
(Is not necessary ☒)

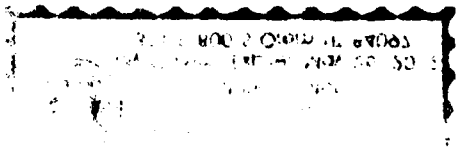
The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

July 29, 2010

SUGAR-SALEM HIGH SCHOOL DIPLOMA ALSIE AMELIA PRICE GRADUATED: 5-21-1931 VIEWED BY VS
UTAH CERTIFICATE OF MARRIAGE HOWARD LYNN BODILY & ALSIE AMELIA PRICE MARRIED 9-6-1935 VIEWED BY VS



358-129-022-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 17648

Primary Registration District No. 2178

Registered No. 128

FULL NAME OF CHILD Fay LeRoy Lehman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 29, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William C. Lehman	FULL MAIDEN NAME	Jennie Waldron
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive ~~Sept~~ 29, 1913 (Born alive or stillborn), at 8 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-2 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-55-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 24 1968

AUG 29 1984

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of [redacted]

City of Rexburg [redacted] Registration District No. 100 File No. 17649

No. ..... St.

Primary Registration District No. 2178 Registered No. 129

Hospital .....

FULL NAME OF CHILD Tateshi Miyasaki

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	K Miyasaki	FULL MAIDEN NAME	Mitsu Watanabi
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	yellow	COLOR	yellow
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

Photostat-10/17/44

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Sept 20 1913 at 1:A M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-2 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

AUG 23 1976

OCT 17 194

789-201
022-318

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17650

Primary Registration District No. 2178 Registered No. 130

FULL NAME OF CHILD Annie La Von Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Oct. (Day) 1 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Jas Phillips	FULL MAIDEN NAME	Emelia Taylor
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Sharpe
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-3 1913 G G Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1962

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

291-103-022-599

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17651

Primary Registration District No. 2178 Registered No. 131

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Oct 3 (Month) (Day)

FATHER		MOTHER	
FULL NAME	August Brawn	FULL MAIDEN NAME	Louis Virgin
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 40 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 10-3 1913 J. J. Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-27-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

715-204
022-432
Amended 11-17-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17652
Local Reg. No. 132
Reg. Dist. No. 100

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sugar
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Esther
b. (Middle): Lillie Eva
c. (Last): Ganowsky

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Oct. (Day) 4, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Ganowsky

8. AGE (At time of this birth): 41 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Germany

10. USUAL OCCUPATION: Labor

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Agnes
b. (Middle):
c. (Last): Ulke

13. AGE (At time of this birth): 40 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. R. Shupe

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 10-4-1913

22. REGISTRAR'S SIGNATURE: G.G. Espe

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
R in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

L.D.S. Church Cert. of Baptism and Confirmation, Nov. 15, 1921 gives full name as Esther Eva Lilli Gnowsky, daughter of Wm. G. Gnowsky and Emma Mary Ulke, born Oct. 4, 1913 at Salem, Idaho - viewed by V.S.

Family Record Page, appears old and unaltered gives one full name as Esther Ganowsky, born Oct. 4, 1913 at Salem, Idaho - viewed by V.S.

Certificate of Naturalization, Feb. 14, 1946 gives full name as William Ganowsky, viewed by V.S. No. 1238895 -

Family Group Record, gives full name as Gustav Wilhelm Ganowsky and Agnes Ulke, also gives one child's full name as E ther Lillie Eva Ganowsky, born Oct. 4, 1913 at Salem, Idaho - viewed by V.S.

SUPPORTING AFFIDAVIT OF FIRST PERSON

State of California)
) ss
County of Los Angeles)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Signed William P. [illegible]

Address 6242 Riverside Avenue

Bell, California

Subscribed and sworn to before me this 11th day of June, 1965.

GURINE A. ALCOTT
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

Gurine A. Alcott

GURINE A. ALCOTT
My Commission Expires August 13, 1968

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUL 13 1965
Bureau of Vital Statistics

State of Utah
County of Cache

Certificate No. 17652

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gransmices (Name on Original Certificate) who was born (Was Born or Died) on Oct. 4, 1913 (Date of Event)
in Salem (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Gransmices	Esther Lillie Eva Ganowsky
Father's Last Name	Gransmices	Ganowsky

Subscribed and sworn to before me this 1 day of June, 19 65

Notary Public, residing at ~~Logan, Utah~~
My commission expires ~~January 18, 1968~~
(Seal)

Signed Margaretta Y. Marshall
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 19 65

Notary Public, residing at Logan, Utah
My commission expires January 18, 1968
(Seal)

Signed Margaretta Y. Marshall
(Signature of Any Credible Person)

814 E 2 N, Logan, Utah
(Street Address, City, State)

FORM DPH 55. 155

L 7-8-57 1 copy paid

461-125-022-819

PLACE OF BIRTH

County of Fremont

Amended 4/3/79

Form V. S. No. 11-C—20m-2

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100

File No. 17653

Primary Registration District No. 2178

Registered No. 133

FULL NAME OF CHILD Lorin LaMont Mortensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month)
Male			Oct 25 [illegible]

FATHER		MOTHER	
FULL NAME	Peter Mortensen	FULL MAIDEN NAME	Annie Mary Harris
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY	34
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 74

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bone Alive (Born alive or stillborn) at 9 45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

Filed 10-3 1913

G J Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17653

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Mortensen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Oct 5, 1913 (Date of Event) in Salem, Idaho (Fremont) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lorin LaMont Mortensen
birthdate	Oct 5, 1913	Oct. 25, 1913

Subscribed and sworn to before me this 28 day of July, 1978

Lynn M. Spencer

Notary Public, residing at Shelley, Idaho

My commission expires May 12, 1982

(Seal)

Signed William Florendo Mortensen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Copper Ave. Lemmy N.M.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of July, 1978

Lynn M. Spencer

Notary Public, residing at Shelley, Idaho

My commission expires May 1979

(Seal)

Signed Floyd Mortensen

(Signature of Any Credible Person)

1491 Fairmont Ave.

(Street Address, City, State) Idaho Falls, Idaho

FORM DH 60-155

CL 4/18/78

Blessing record from Iona Lst Ward, Iona Stake LDS Church gives name as Lorin L. Mortensen. born Oct 25, 1913 at Salem, Idaho. Blessed Nov 13, 1913 father's nameas Peter Mortensen and mother's maiden name as Annie M. Harris. viewed by V/ S.

APR 3 1979

Application to the NEW York Life Ins. Co. gives name as Lorin Lamont Mortensen born Oct 25, 1913 in Salem, Idaho. dated Oct 25, 1949. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 253-223-029-613 St.

Hospital

Registration District No. 61

File No. 17654

Primary Registration District No. 2141

Registered No. 271

FULL NAME OF CHILD Alice Miriam Bell

Sex of Child Female

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	C. D. Bell	FULL MAIDEN NAME	Mertie Grace Watson
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Gritman

C.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

19

Address Moscow

Filed Nov 25 1913

D F Rae

Registrar

Registrar

S-Y CO. 24655

MAR 8 1949

FEB 13 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. 613-220 St. / No. 029-212 St.

Registration District No. 61

File No. 17655

Primary Registration District No. 2141

Registered No. 275

Hospital

FULL NAME OF CHILD Anna Oatney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. L. Oatney	Minnie L. Baker
RESIDENCE	Viola	Viola
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	29
BIRTHPLACE	Minn.	Ore.
OCCUPATION	Barber	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke

(Physician or ~~midwife~~)

Address Moscow

Filed Nov 25 19 13

D. F. Rae
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

R-Y CO. 20174

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

264-118-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Latah

City of Near Moscow

No. ____ St.

Hospital Asphay

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17656

Primary Registration District No. 2141 Registered No. 280

FULL NAME OF CHILD Melvon Antony Sodorff

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	Yes	Nov. 10 1913

FATHER

FULL NAME S.W. Sodorff

RESIDENCE Near Moscow

COLOR W AGE AT LAST BIRTHDAY 49 (Years)

BIRTHPLACE Denmark

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amanda Johnson

RESIDENCE Near Moscow

COLOR W AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Sweeden

OCCUPATION H W

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Joseph Conway M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Dec 5 19 13 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 14 1942

219-102-029-955

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

[illegible]E OF IDAHO
[illegible] VITAL STATISTICS

[illegible]CATE OF BIRTH

County of Latah

City of Near Moscow

No. ..... St.

Hospital —

Registration District No. 61 File No. 17657

Primary Registration District No. 2141 Registered No. 262

FULL NAME OF CHILD James F Barnett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Nov. 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred A. Barnett	FULL MAIDEN NAME	Elsie G. Reeder
RESIDENCE	Near Moscow	RESIDENCE	Near Moscow
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.
(Physician or midwife)

Address Moscow Idaho

Filed Nov 15 1913 [illegible] Rae
Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-52-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

235-222-029-286

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Viola

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17658

Primary Registration District No. [illegible] Registered No. 263

FULL NAME OF CHILD X Alice Gertrude Kleinsmith

Sex of Child: Girl	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Oct (Month) 22 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William Herman Kleinsmith	FULL MAIDEN NAME: Katie F. Schollenburg
RESIDENCE: Viola - at present	RESIDENCE: Viola at present
COLOR: White — AGE AT LAST BIRTHDAY: X 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: X 31 (Years)
BIRTHPLACE: Fon Du Lac, Wisconsin	BIRTHPLACE: Chippewa Falls, Wis.
OCCUPATION: X Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth X 5th

Number of children, of this mother, now living, including present birth X 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs John Garvin

Nurse (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Viola Idaho

Filed Nov 25 1913 D F Roe

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

[redacted] 1907

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C

No. [redacted]

595-22-025-869

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. 8 Jefferson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17659

Primary Registration District No. 1011 Registered No. 270

FULL NAME OF CHILD Alice Elizabeth Vincent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Nov. 27, 1913

FATHER		MOTHER	
FULL NAME	Clarence C. Vincent	FULL MAIDEN NAME	Edalite Horning
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Professor in U of I.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gilman M.D.

(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 20 1913

D. F. Rae

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 17 C—2m-8-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

256-122-029-259

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of I.E. Snow Farm

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17660

Primary Registration District No. 2141 Registered No. 269

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 22 1913

FATHER		MOTHER	
FULL NAME	I.E. Snow	FULL MAIDEN NAME	Etta Berry
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Moscow, Idaho	BIRTHPLACE	Avon, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutman
C.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Nov 25 1913 D. F. Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

553-229-02 [redacted]

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Almond St.

Hospital

Registration District No. 61

File No. 17661

Primary Registration District No. 1011

Registered No. 272

FULL NAME OF CHILD Carol Bernadine Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Nelson	FULL MAIDEN NAME	Edith Schedin
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:20 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Grilman

(Physician or midwife)

Given names added from a supplemental report.

Address Moscow

Filed Dec 2 1913 D F Rae

Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1969

433-130-029-299

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Main St.

Hospital Gritman

Registration District No. 61

File No. 17662

Primary Registration District No. 1011

Registered No. 273

FULL NAME OF CHILD John McCaffert

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov. 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard McCaffery	FULL MAIDEN NAME	Kathleen Kirwan
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	New York City	BIRTHPLACE	New York City
OCCUPATION	Professor of Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward Maguire C.

(Physician or ~~midwife~~)

Given names added from a supplemental report.

Address Moscow

19

Filed Dec 3 1913

D F Rae

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 9 1974

693-119-029-693

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17663

Primary Registration District No. 1011 Registered No. 274

FULL NAME OF CHILD Elton Clinton Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct. 19 1913

FATHER		MOTHER	
FULL NAME	Clinton Wilson	FULL MAIDEN NAME	Laura Wilson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	white	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ore	COLOR	white
OCCUPATION	Teacher	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Idaho
		OCCUPATION	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3. P. M. on the date above stated.

(Signature) J. H. Clarke

(Physician or Midwife)

Address Moscow

Filed Nov 25 19 13 D. F. Kane Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

759-101
029-2

PLACE

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

Registration District No. 61

File No. 17664

No. ..... St.

Primary Registration District No. 1011

Registered No. 276

Hospital

FULL NAME OF CHILD William Geise

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Dec. 1 1911

FATHER

FULL NAME H. A. Geise

RESIDENCE Moscow

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Idaho

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Sarah J. Schaab

RESIDENCE

COLOR White AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Ontario Canada

OCCUPATION

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8. P. M.
(Born alive or ~~stillborn~~)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Clarke
(Physician or ~~midwife~~)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Dec 3 1913

..... Registrar

S-Y CO. 20174

..... Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Latah

SEP 19 1904

1913 ?

165-204-09
693

PLACE OF BIRTH

County of Latah

City of Moscow, No. ____ St.

Hospital Inland Empire

Registration District No. 61

Primary Registration District No. 1011

File No. 17665

Registered No. 278

FULL NAME OF CHILD Lois Virginia Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Nov. 4" 1913.

FATHER		MOTHER	
FULL NAME	[redacted] Jones.	FULL MAIDEN NAME	Lola Williams
RESIDENCE	Moscow, Id.	RESIDENCE	Moscow Id.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Post master (Asst)	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Carithers M. D. (Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 12 1913 D. F. Rawn Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DEC 24 1942

MARGIN RESERVED FOR BINDING.

UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] a SEPARATE RETURN must be made for each and the number [illegible] each, in order of birth stated.

[illegible]

CERTIFICATE OF BIRTH

City of Moscow

No. 515-116-029-767 St.

Registration District No. 61

File No. 17666

Hospital Inland Empire

Primary Registration District No. 1011

Registered No. 279

FULL NAME OF CHILD Wm Sherman ~~James~~ Van Meter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov. 16" 1913

FATHER		MOTHER	
FULL NAME	C. H. Van Meter	FULL MAIDEN NAME	Charlott Fogle
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Wis.	BIRTHPLACE	Kansas
OCCUPATION	Linotypist	OCCUPATION	Housekeeper

[illegible]er of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

[illegible] hereby certify that I attended the birth of this child, who was [illegible] date above stated. Born alive (Born alive or stillborn), at 10 P. M.

*When there was no attending physician or [illegible]wife, then the father, householder, etc., should [illegible]e this return. A stillborn child is one that [illegible]her breathes nor shows other evidence of life [illegible]r birth.

(Signature) W. H. Carithers

M. D.

(Physician or midwife)

Given names added from a supplemental report

[illegible] 19

Address Moscow, Id.

Filed Nov 20 1913

D F Rae

Registrar

[illegible] 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
OCT 13

268-114-029-619

MARGIN RESERVED FOR BINDING

[illegible] INK—THIS IS A PERMANENT RECORD

[illegible] must be made for each and the number

PLACE OF BIRTH

County of Latah

City of Moscow

No. 108, Howard St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17667

Primary Registration District No. [illegible] Registered No. 281

FULL NAME OF CHILD Kenneth David Boyd.

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	May 14 1913

FATHER		MOTHER	
[illegible]	Ira Robert Boyd.	FULL MAIDEN NAME	Jessie Snow Farnsworth
[illegible]ENCE	Moscow	RESIDENCE	Moscow
[illegible]	White — AGE AT LAST BIRTHDAY 31 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 31 (Years)
[illegible]	Ohio	BIRTHPLACE	Iowa
[illegible]	Dentist	OCCUPATION	Housekeeper

[illegible] of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should [illegible] return. A stillborn child is one that [illegible] breathes nor shows other evidence of life [illegible].

(Signature) J. N. Clarke

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Moscow

Filed Nov 30 1913

D. F. Rae

Registrar

Registrar

[illegible] - YORK CO., PTRS. & BDRS. 17826

Form V.S. No. 11-[illegible] 10m-8-7-31

STATE OF IDAHO

Bureau of Vital Statistics

[illegible]TH

[illegible]ilo No.

[illegible]red No.

255-126-029-112

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Moscow

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17668

Primary Registration District No. 1011 Registered No. 264

FULL NAME OF CHILD Glenn Irvin Severson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Nov. 26, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Burt F. Severson	FULL MAIDEN NAME	Christine Aakre
RESIDENCE	832 E. 7th St.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	U.S.A.	BIRTHPLACE	U.S.A.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Wiik

M. D.

(Physician or Midwife)

Given names added from a supplemental report

Address Moscow, Idaho

..... 19.....

Filed Dec 4 1913 D F Rae

..... Registrar

Registrar

S-Y CO., 16670

OCT 26 1955

699-101-079-456

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. E121 A St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 61 File No. 17669

Primary Registration District No. 1011 Registered No. 265

FULL NAME OF CHILD Kenneth Dew Orr

Sex of Child male	Twin Triplet or other? and Number in order of birth First (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Victor H. Orr	FULL MAIDEN NAME	Velva V. ~~Orr~~ Dew
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Wayne Co. Ills	BIRTHPLACE	Belleville Ills
OCCUPATION	R.R. Office Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 5 1913 D F Rae

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JUL 7 1975

869-214-029-417

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida

Registration District No. 61

File No. 17670

No. ..... St.

Primary Registration District No. 1011

Registered No. 266

Hospital Gritman

FULL NAME OF CHILD Elizabeth Jane Horton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George E. Horton	FULL MAIDEN NAME	Kathleen Alice MaGee
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Employe Idaho Harvester Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D. Per L.H.C.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Nov 20 1913

D F Rae
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C- 20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. _____

Issued No. _____

_____ 1954
(Year)

(Year)

NOV 1 1954

County of _____

534-109-029-613

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida.

Registration District No. 61 File No. 17671

No. ..... St.

Primary Registration District No. 1011 Registered No. 267

Hospital Gritman

FULL NAME OF CHILD Hugh Wallace Eldridge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. G. Eldridge	FULL MAIDEN NAME	Mary Walker
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Michigan
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George T. Boyd, M.D. Per L.H.C

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 10 1913

D. F. Rae
Registrar

K

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 16 1949

File No

Registrar

PLACE OF BIRTH

County of

256-119-029-331

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Latah

City of Snow Farm

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. ~~10 11~~ 61 File No. 17672

Primary Registration District No. 1011 Registered No. 268

FULL NAME OF CHILD Marvin Maxwell Snow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles C. Snow	FULL MAIDEN NAME	Alice Clark
RESIDENCE	Moscow, Idaho	RESIDENCE	Moscow, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1 [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1:15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman
C. M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Moscow

Filed Nov 25 1913 D F Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 28 1942

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]9-543

[redacted]

Form V. S. No. 11-C—Size 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Moscow

Registration District No. 61

File No. 17673

No. ..... St.

Primary Registration District No. 1011

Registered No. 277

Hospital .....

FULL NAME OF CHILD Bert Mutzemberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. H. Mitzemberg	FULL MAIDEN NAME	Catharine Nutterville
RESIDENCE	Moscow	RESIDENCE	Moscow ~~Washington~~
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 P. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Moscow

Filed Nov 25 1913

D. F. Rae
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev-3-15-4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

294-128
009-268

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 514 Lund St.

Hospital City Hospital

Registration District No. 78

File No. 17675

Primary Registration District No. 2155

Registered No. 416

FULL NAME OF CHILD James Edward Simmonds

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male			First	yes.	Sept 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Victor Simmonds	FULL MAIDEN NAME	Mabel Swicher
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Cape Town South Africa	BIRTHPLACE	Charleston Illinois
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O F Payne MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Sandpoint Idaho

Filed Nov 26 1913 M McKinnon

Registrar

Registrar

GYMS - YORK CO., PTRS. & SDRS. 17820

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

918-231-009-253

Form V. S. No. 11-C—[illegible]-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 78 File No. 17676

Primary Registration District No. 2155 Registered No. 417

FULL NAME OF CHILD Lois E. ~~Baby~~ Raymond

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ed. Raymond	FULL MAIDEN NAME	Sandpoint
RESIDENCE	Sandpoint Ida	RESIDENCE	Minnie L. Selle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mich
OCCUPATION	Mail carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed Nov. 6 1913 M. McKinnon Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-5-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

E OF BIRTH

APR 15 1948

County of

257-201-009-154

PLACE OF BIRTH

Form V. S. No. 11-Q-10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boomer

City of Sandpoint

Registration District No. 78

File No. 17677

No. ____ St.

Primary Registration District No. 2155

Registered No. 418

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 1 1912

FATHER		MOTHER	
FULL NAME	Andrew Bergstrom	FULL MAIDEN NAME	Ellen Anderson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKennon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Nov 6 1913 M. McKennon

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—20m-2-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Title No. 17677

Registered No.

Sex of
Birth
(Year) (Day) (Month)

MOTHER

844-219-009-815

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 17678

Primary Registration District No. 2165 Registered No. 419

FULL NAME OF CHILD — Hudon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Oct 19 1913

FATHER		MOTHER	
FULL NAME	Joe Hudon	FULL MAIDEN NAME	Elizabeth Hammerle
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Minn	BIRTHPLACE	Austria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Sandpoint Ida,

Filed Dec 10 1913 M McKinnon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

693-128-009-366

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. 78 File No. 17679

Primary Registration District No. 2155 Registered No. 420

FULL NAME OF CHILD Owen Willard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Owen Willard	FULL MAIDEN NAME	Noble Cowles
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Mich.
OCCUPATION	Meat Cutter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 7 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will H. Potter, MD

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kootenai

Filed Dec 10 1913 M McKinnon Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

File No. [illegible]

Registered No.

789-129
009-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 78 File No. 17580

No. 520 S 1st. St.

Primary Registration District No. 2155 Registered No. 421

Hospital

FULL NAME OF CHILD John Hardin Phinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hardin Phinney	FULL MAIDEN NAME	Myrtle Blair
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Dentist	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 30a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Filed Dec 10 1913 M. McKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Certified Copy issued Feb. 3, 1941. M.W.

368-102-007-416

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 6-15-23

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78

Primary Registration District No. 2185

File No. 17681

Registered No. 442

FULL NAME OF CHILD Robert Wendell Lohr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male				Yes	Nov	2	1923

FATHER		MOTHER	
FULL NAME	Peter J. Lohr	FULL MAIDEN NAME	Rose Dawson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Maryland	BIRTHPLACE	Maryland
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. McKennon

Physician

(Physician or midwife)

Address Sandpoint

Filed Nov 6 19 23 M. McKennon Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

County of

255-120-009-394

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, 6th St.

Hospital ____

Registration District No. 78

File No. 17682

Primary Registration District No. 8155

Registered No. 423

FULL NAME OF CHILD Durwood G. Benedict

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	2	yes	Nov 20 1913

FATHER		MOTHER	
FULL NAME	H P Benedict	FULL MAIDEN NAME	Maud Crossey
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Poyer M D

(Physician or Midwife)

Given names added from a supplemental report

____, 19__

Address Sandpoint Idaho.

Filed Dec 6 1913 M McKinnon

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF I

ureau of Vital

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Legitimate

N

ENCE

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
AUG 19 1971
Bureau of Vital Statistics

Certificate No. 17682

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Benedict (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1913 (Date of Event) in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Durwood George Benedict

Subscribed and sworn to before me this 29th day of December, 1969

Notary Public, residing at Eve South Pierce Co. Tacoma, Washington

My commission expires October 14, 1973

(Seal)

Signed Daisy Wilkinson Aunt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 CL 6-21-62. one copy pd. rec. #12759.

Social Security Acr Card No. 538-10-5422 gives name as Durwood G. Benedict. Viewed by V. S.

AUG 3 1 1971

Letter from St. Martin's College, Olympia, Washington gives name as Durwood G. Benedict. Register of Student s for the school year of 1928-1929 gives his name. Signed by Rev. Dunstan E. Curtis, OSB, Archivist for St. Martin's. Viewed by V. S.

Amended March 16, 1953

PLACE OF BIRTH

561-221-009-319

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St. ____ Registration District No. 78 File No. 17684

Hospital ____ Primary Registration District No. 2155 Registered No. 425

FULL NAME OF CHILD RHEA E. EWART
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Nov. 21, 1913

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	P. W. Ewart	FULL MAIDEN NAME	Arlene Carlos
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Switch man R.R.	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:20 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

physician (Physician or midwife)

Address Sandpoint, Ida.

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Dec. 10 1913 M. McKinnon
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Sonoma

Certificate No. 17684

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by a document of change of Beneficiary prepared on (May 29, 1946), are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	May Jane Ewart	Rhea E. Ewart
Mother's name	Mary Carlos	Arlene Carlos

Subscribed and sworn to before me this 6th day of March 1953
Rhea K. Beeler
Notary Public, residing at Boyes Hot Springs,
My commission expires June 9, 1953
(Seal)

Signed Arlene Ewart
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R#1 Box 283 Sonoma Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sonoma

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March 1953
Rhea K. Beeler
Notary Public, residing at Boyes Hot Springs
My commission expires June 9, 1953
(Seal)

Signed Josephine Crane
(Signature of Any Credible Person)
Rt 1 Box 280 Sonoma Cal
(Street Address, City, State)

DPH 52-155

414-121-009-169

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 101, St.

Registration District No. 76 File No. 17685

Primary Registration District No. 2155 Registered No. 476

Hospital

FULL NAME OF CHILD Kenneth Lawrence Madocks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	Yes.	Nov 21 1913

FATHER		MOTHER	
FULL NAME	Lawrence J Madocks	FULL MAIDEN NAME	Laura Ferguson
RESIDENCE	Sandpoint Idaho.	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Payne M.D.

(Physician or Midwife)

Address Sandpoint Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed DEC 10 19 13 M McKinnon

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17526

STATE OF IDAHO

JUL 25 1975

JUL 31 1975

962-119
022 PLACE OF [illegible]
415

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17687

Primary Registration District No. 2176 Registered No. 118

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. A. Zobell.	FULL MAIDEN NAME	Stella Doris.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Dec 10 1913 Ray H. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF [redacted]

City of Tom[redacted]

City of Rob[redacted]

No. 863-117-022-558

Primary Registration District No. 2176 Registered No. 119

Hospital

FULL NAME OF CHILD Harvey Carl Hollinger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11-17-1913

	FATHER		MOTHER
FULL NAME	Warren J. Hollinger	FULL MAIDEN NAME	Agnes ~~Newman~~ Neyman
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neb.	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:33 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Jones D.O.

(Physician or midwife)

Address Roberts

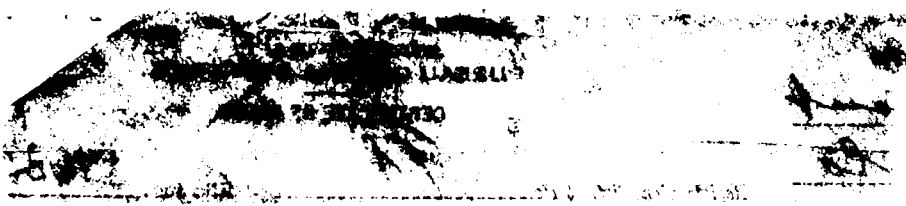
Given names added from a supplemental report

19

Registrar

Filed DEC 10 1913 Ray H Fisher Registrar

S-Y CO. 20175



STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada)

AFFIDAVITS FOR CORRECTION OF A RECORD

Harvey Carl Hollinger of Boise, Idaho

Being first duly sworn, deposes and says that he is son
(If related, specify degree, if friend or otherwise, so state)

of Agnes Neyman (Hollinger

who was born in the city of Roberts, County of Fremont
(was born, ~~died~~)

on the 17th day of Nov., 1913, as stated in a certificate of birth
birth or death

filed by E.D. Jones, D.O.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Roberts, County of Fremont Idaho, on the 10th day of December 1913.

That the following facts set forth in said certificate are not correctly stated therein, to wit: That her name was given as Agnes Newman. (Also of proof State File No. 81910

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows, that her name should be shown Agnes Neyman

(SEAL)

Affiant Harvey Carl Hollinger

Address Boise, Idaho

Subscribed and sworn to before me this 2nd day of August 1940

A C De Mary
Notary Public

STATE OF Idaho)
) SS.
COUNTY OF Minidoka)

Warren Hollinger of Paul, Idaho

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Warren Hollinger

Address Paul Idaho.

Subscribed and sworn to before me this 2nd day of August 1940

(Seal)

A C De Mary
Notary Public

235-123-022-213

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17689

Primary Registration District No. 2176 Registered No. 117

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. L. Stevens.	FULL MAIDEN NAME	Josephine Ballentyne
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Service O.S.L. Ry	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8.45 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed DEC 10 1913 Ray S. Fisher

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO,
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-130-022-219

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annis.

No. ..... St.

Hospital .....

Registration District No. 98

File No. 17690

Primary Registration District No. 2176

Registered No. 116

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. D. Browning	FULL MAIDEN NAME	Eva Sorgeant.
RESIDENCE	Annis.	RESIDENCE	Annis.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	28.
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 10 1913 Ray S. Fisher

Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-3-16-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Registered No.

294-118-022-489

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

Amended 3/28/75

Registration District No. 98

File No. 17691

Primary Registration District No. 2176

Registered No. 115

FULL NAME OF CHILD Edward Emanuel Simmons

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes.	Nov 18 (Month) (Day) 13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Emanuel Simmons	FULL MAIDEN NAME	Lille E. Dyreng
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	New York	BIRTHPLACE	New York.
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Kate Balmer.

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Roberts Ida

Filed DEC 10 19 13 Ray H Fisher

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 25 1975

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17691

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Simpson (Name on Original Certificate) who was born (Was Born or Died) on Nov 18, 1913 (Date of Event)

in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Simpson	Edward Emanuel Simmons
Father's Name	E. C. Simpson	Edward Emanuel Simmons

Subscribed and sworn to before me this 20th day of March, 1975

Ronald H. Ames
Notary Public, residing at Salt Lake City
My commission expires June 1, 1975
(Seal)

Signed Gladys Nieser
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

847 Arapahoe
Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of March, 1975

[illegible]
Notary Public, residing at 2419 S Fairway
My commission expires June 2, 1975
(Seal)

Signed Laurence J. Denkers
(Signature of Any Credible Person)

1536 So 3rd Pocatello Idaho 83201
(Street Address, City, State)

Cert

MAR 2 8 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Edward Emanuel Simmons, Jr. son of Edward Emanuel Simmons and Lillie Elizabeth Dering. born Nov. 18, 1913 at Roberts, Idaho. Was Baptized June 5, 1927. viewed by V. S.

Census record fro 1920 gives name as Simmons, Edward E. son of Edward E. and Lillie Simmons. child was age 6, viewed by V. S.

Father's death certif from Idaho #46613 gives names as Edward Emanuel Simmons date of death July 19, 1924. viewed by V. S.

268-226-022-18

PLACE OF BIRTH.

County of Fremont

City of Rigby R.F.D.

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17692

Primary Registration District No. 7176 Registered No. 114

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♂			Yes.	Nov 26 '13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Boyce.	Alta Sayer.
RESIDENCE	Rigby R.F.D.	Rigby R.F.D.
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	24	18
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or Stillborn), at 3P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed DEC 10 19 13 Ray W. Fisher Registrar

8-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev. 3-19-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NOV 3 1975

685-202-022-469

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of La Belle

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17693

Primary Registration District No. 2176 Registered No. 113

FULL NAME OF CHILD Verla Wheeler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes	Dec 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Etsel [illegible]	FULL MAIDEN NAME	Fay [illegible] Morgan
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.40 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Dec 10 1913 Ray S Fisher

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1942

753-114-022-331

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17694

Primary Registration District No. 2176 Registered No. 112

FULL NAME OF CHILD Joseph Evan Peterson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov 14 1913

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Joseph Wilford Jr.	W. Peterson	Oral	Clawson ~~Peterson~~
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Glenwood, Utah	BIRTHPLACE	Farmington, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah K. Soxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed DEC 10 1913 Ray H. Fiel

Registrar Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DATE OF BIRTH 3/4/41

rmf

462-204-022-366

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Reedy.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17695

Primary Registration District No. 2176 Registered No. 111

FULL NAME OF CHILD Vonda Roe Moss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes.	Dec 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	H. T. Moss.	FULL MAIDEN NAME	Nora E. Cook.
RESIDENCE	Heise.	RESIDENCE	Heise.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11:58 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Toxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address Rigby

Filed Dec 10 1913 Ray S. Fisher

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 2 5 1973

295-N2-022-155

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby-R.F.D.

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17697

Primary Registration District No. 2176 Registered No. 109

FULL NAME OF CHILD RAY DELMONT KINGHORN

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	\	\	Yes.	11 (Month) 7 (Day) 1913 (Year) 2nd

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray Kinghorn.	FULL MAIDEN NAME	Myrtle Jensen.
RESIDENCE	Rigby R.F.D.	RESIDENCE	Rigby-R.F.D. I
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed DEC 10 1913 Ray H. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 17697

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (BIRTH OR DEATH)
for Ray Delmont Kinghorn (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Nov 2, 1913 (DATE OF EVENT)
in Rigby Fremont County (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov 2 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	--- -- --	Ray Delmont Kinghorn
date of birth	Nov. 7, 1913	November 2, 1913

Subscribed and sworn to before me this 8th
day of March, 19 43.

Signed Myrtle Stinghorn
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON)

Notary Public, residing at 118 S. Anderson

My commission expires Jan 17, 1945
(SEAL)

1425 So. Catalina St. L.A.C.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of March, 1943.

Signed [illegible]
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at 118 S. Anderson

My commission expires Jan 17, 1946
(SEAL)

[illegible] (STREET ADDRESS, CITY, STATE)

Received for filing on MAR 12 1943 By [illegible]
(REGISTRAR'S SIGNATURE)

JUN 12 1956

MAR 13 1943

313-508-0225 J

PLACE OF BIRTH amend 4-28-82

Form V. S. No. 11—10m-8-1929

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17698

Primary Registration District No. 2176 Registered No. 108

FULL NAME OF CHILD Ormi Elsie Later

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Dec 8 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Later	Chloe Call
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY	26 (Years)	25 (Years)
BIRTHPLACE	Utah	Idaho
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

60.

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray A. Fisher
(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Dec 10 19 13 Ray A Fisher
Registrar

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

4-9-82

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of WASHINGTON
County of YAKIMA } ss.

APR 27 3 41 PM '82

Certificate No. 17698
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Later (Name on Original Certificate) who was born (Was Born, Died, etc.) on 12-8-13 (Date of Event)

in Rigby (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Ormi Elsie Later
fathers first name	Louis	Lewis

Subscribed and sworn to before me this 20th day of April, 19 82.

Notary Public, [illegible]

Residing at Sunnyside.

My commission expires June 1, 1984

(Seal)

X Ormi Elsie Later Peters
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

APR 28 1982

Cert of Blessing from LDS Church gives Ormi Elsie Later born 12-8-13 in Rigby and was blessed 2-1-14. Father listed as Lewis Later and mother listed as Chloe C Call. Viewed by V.S.

Cert of Baptism fromLDS Church gives Ormi Elsie Later born 12-8-13 to Lewis S Later and Chloe Call was baptised 12-31-21. Viewed by V.S.

284-124-022-318

Form V.S. No. 11—10m-8-15-12

PLACE OF BIRTH

County of Fremont.

City of Lewisville

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17699

Primary Registration District No. 2176 Registered No. 107

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	( )	( )	Yes.	10-24-1913

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Jos. Shurtliff	FULL MAIDEN NAME	Anne Taylor.
RESIDENCE	Lewisville.	RESIDENCE	Lewisville.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Lewisville Ida	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

Physician (Physician or midwife)

Given names added from a supplemental report

____ 19__

____ Registrar

Address Lewisville

Filed Dec 10 1913 Ray H. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. 955-128-022-864 St.

Hospital

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17700

Primary Registration District No. 2176 Registered No. 106

FULL NAME OF CHILD MELVIN REX REES

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—	—	—	Yes.	10 (Month) – 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R H Rees	FULL MAIDEN NAME	Frances Young
RESIDENCE	Lewisville	RESIDENCE	
COLOR	W. AGE AT LAST BIRTHDAY 45 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Adamsville - Utah	BIRTHPLACE	Kanora Utah
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lewisville

Filed Dec 10 1913 Ray H Fisher

Registrar Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 17700

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Melvin Rex Rees (Name on Original Certificate) who born (Was Born or Died) on Oct. 28, 1913 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
SurName	Reese	Rees
Name	Unnamed	Melvin Rex Rees

Subscribed and sworn to before me this 23rd
day of May, 1942
Myrtle N. Chamberlain
Notary Public, residing at Idaho Falls, Ida.
My commission expires June 26th., 1943
(Seal)

Signed H. L. Rees.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
~~Route 1, Shelley, Idaho~~
385 East 4th St Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of May, 1942
Myrtle N. Chamberlain
Notary Public, residing at Idaho Falls, Ida.
My commission expires June 26th., 1943.
(Seal)

Signed Mabel J. Priest
(Signature of Any Credible Person Other Than Previous Year)
Route 1, Shelley, Idaho
(Street Address, City, State)

MAY 25 1942

MAY 27 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Fremont

City of Lewisville

No. 284-105-022-799 St.

Hospital

Registration District No. 98

Primary Registration District No. 2176

File No. 17161

Registered No. 105

FULL NAME OF CHILD Noah Leon Shurtliff

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(		(	Yes	12-5-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Leon Shurtliff	FULL MAIDEN NAME	Mary Green
RESIDENCE	LEON Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Lewisville-Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lewisville

Filed Dec 10 1913 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20175

Certified Copy issued Dec.17,1940 D.P.

689-209-022-

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

Primary Registration District No. 2176

File No. 17702

Registered No. 104

FULL NAME OF CHILD Elda White 2176

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes	Dec 9 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	David White	FULL MAIDEN NAME	Bertha Everett
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:48 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Poxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby - Ida.

Filed Dec 10 1913 Ray H. Fisher Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

753-205-022-162

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Fremont

City of Rudy.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17703

Primary Registration District No. 2976 Registered No. 103.

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F				Yes.	Dec 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Peterson	FULL MAIDEN NAME	Minnie Joslin.
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Neb.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3,30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigley

Filed Dec 10 1913 Ray H. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

155-201-022-242

PLACE OF BIRTH

Form [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17[illegible]

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 102

FULL NAME OF CHILD Reva Grace Jenkins

Sex of Child 7

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Dan Jenkins	FULL MAIDEN NAME	Florence Bush
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Dec 10 1913 Ray S. Fisher Registrar

Registrar

S-Y CO. 20175

. E PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 23 1942

745-110-022-819

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17705

Primary Registration District No. 2176 Registered No. 101

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M				Yes	Dec 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ed. Gunderson	FULL MAIDEN NAME	Belle Harman
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3:10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Menan

Filed Dec 10 1913 Ray H. Fisher Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County)

CRC

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-208-022-469

PLACE OF BIRTH

Form V. S. No. 11—10m-2-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98

File No. 17706

Primary Registration District No. 2176

Registered No. 100

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes.	Dec 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. D. Kennedy	FULL MAIDEN NAME	Mary Mormont
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan

Filed Dec 10 1913 Roy S. Fisher

Registrar

Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-5-15-38

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

533-207-022-714

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17707

Primary Registration District No. 2176 Registered No. 99

FULL NAME OF CHILD Ravernal Ellsworth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
7	—		—	Yes.	Dec 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. M. Ellsworth	FULL MAIDEN NAME	Celesta Paulson
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11.10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan

Filed Dec 10 1913 Ray H. Fisher
Registrar

Registrar

8-7 00. 20175

MARGIN REQUIRED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Arizona } ss.
County of Pinal }

Certificate No. 17707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Ellsworth (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 7, 1913 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism & Confirmation Certificate of Blessing prepared on 4/5/14 and 3/5/22 &12/26/70 (Give Date), are:
Life Insurance (Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ravernal Ellsworth

Subscribed and sworn to before me this 27 day of February, 19 75

Notary Public, residing at Casa Grande, Pinal, Arizona
My commission expires My Commission Expires Aug. 29, 1978
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

817 N. Lehmberg 85222
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Pinal }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 75

Notary Public, residing at Casa Grande, Pinal, Ariz.
My commission expires My Commission Expires Jan. 25, 1977
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 2/24/75 ret'd $1

Certif. of-Blessing fromt the LDS Church gives nameas Ravernal Ellsworth daughter of Curtis Melnot Ellsworth and Celeste Dinah Puolsen. born Dec. 7, 1913 at Lewisville, Idaho. Was Blessed April 5, 1914. Viewed by V. S.

MAR 2 0 1975

Certif. of Baptismal and Confirmation from the LDS Church gives name as Ravernal Ellsworth daughter of Curtis Melmot Ellsworth and Celeste Dinah ~~XXXX~~ Poulsen. Born Dec. 7, 1913. Baptized March 5, 1922. viewed by V. S.

753-110-022-795

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17708

Primary Registration District No. 2176 Registered No. 98

FULL NAME OF CHILD LEE RICHARD PETERSON

Sex of Child M	Twin Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)	Legitimate? Yes.	Date of Birth Dec 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Peterson	FULL MAIDEN NAME	Chloe Green
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 3 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Menan

Filed Dec 10 1913 Ray H. Fisher
Registrar

CO. 20173

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 17708

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on December 10, 1913 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card prepared on June 14, 1937
(Bible Record, Insurance Policy, Etc.) Certificate of Blessing prepared on August 2, 1914 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Lee Richard Peterson

Subscribed and sworn to before me this 16th day of April, 1956.

Notary Public, residing at Rexburg, Idaho
My commission expires 1-24-58 (Seal)

Signed X [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

135 W. Main Street, Rexburg, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of April, 1956.

Notary Public, residing at Rexburg, Idaho
My commission expires 1-24-58 (Seal)

Signed X [signature] (Signature of Any Credible Person)

Lorenzo, Idaho (Street Address, City, State)

APR 2 4 1956

259-127-022-465

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital .....

Registration District No. 98 File No. 17710

Primary Registration District No. 2176 Registered No. 96

FULL NAME OF CHILD Monte Gerald Berrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural Births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	Nov. 27 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Berrett	FULL MAIDEN NAME	Myrtle Montague
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 19 13 Ray A. Fisher Registrar

B-V CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

10

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

RECEIVED
OCT 6 1964
Bureau of Vital Statistics

Certificate No. 17710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Berrett (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1913 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Monte Gerald Berrett
Sex of Child	Not Given	Male

Subscribed and sworn to before me this 25th day of
19 64

Notary Public, residing at Idaho Falls, Idaho
My commission expires Nov 20, 1968
(Seal)

Signed Lelo Berrett - Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

385 Cleveland Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of
19 64

Notary Public, residing at Idaho Falls, Idaho
My commission expires May 2, 1967
(Seal)

Signed Lucille Berrett Nash SISTER
(Signature of Any Credible Person)

385 Cleveland, Idaho Falls Ida.
(Street Address, City, State)

FORM DH 60-155

CL 5-15-64. one copy pd. rec. #19436.

Own Child's Birth Cert. on file: (Idaho Birth) #221068 gives full name of father as Monte Gerald Berrett - viewed by V.S.

Social Security Card, #518-05-9805 gives full name as Monte Gerald Berrett - viewed by V.S.

OCT 28 1964

331-121-022-793

PLACE OF BIRTH

County of Fremont

City of Menan

No. ..... St.

Hospital

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 17711

Primary Registration District No. 2176 Registered No. 95

FULL NAME OF CHILD Wint Le Roy Clarke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Nov 21 1913

FATHER		MOTHER	
FULL NAME	Wm Clarke	FULL MAIDEN NAME	Bertha Gebert
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Arkansas.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Utah.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellan

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10 1913 Ray H Fisher Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1942

845-[illegible]-613

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Registration District No. [illegible]

Primary Registration District No. 2176

File No. 17712

Registered No. 94

FULL NAME OF CHILD RONALD MELVIN HUNTING

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 17 1933

	FATHER	MOTHER
FULL NAME	W. E. Hunting	FULL MAIDEN NAME Ethel Watson
RESIDENCE	Menan	RESIDENCE Menan
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	22 (Years)	20 (Years)
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Filed Dec 10 1933 Ray A. Finch Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. NOV - 1941 Certificate No. 17712
County of Jefferson } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for unnamed Hunting (Name on original certificate) who born (Was born or died) on Nov.17th,1913 (Date of event)
in Menan, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on Nov 25th,1913. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Hunting	Ronald Melvin Hunting

Subscribed and sworn to before me this 1st
day of November, 19 41
Basil R. Burnett
Notary Public, residing at Rigby, Idaho.
My commission expires
[SEAL]

Signed Ethel M. Hunting mother.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Menan, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of November, 19 41
Basil R. Burnett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov.9th,1942.
[SEAL]

Signed Mrs Fannie W Fullmer
(Signature of any credible person other than the previous affiant.)
Menan Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[redacted] IO

[redacted] tics

CERTIFICATE [redacted] IRTH

County of Shoshone

City of Wallace

Registration District No. 70 File No. 17713

No. ....., ... St.

Primary Registration District No. 1611 Registered No. 73

Hospital .....

FULL NAME OF CHILD David Ernest

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Mch 29 1913

FATHER		MOTHER	
FULL NAME	David E. Wherry	FULL MAIDEN NAME	Eva Levermore
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Leo Tumplin

Local Registrar

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mar. 8, 1913 H. Leo Tumplin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDA
Bureau of Vital Sta
CERTIFICATE OF

OCT 2 8 1969

RECORDED

JAN 5 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Wallace

Registration District No. 70

File No. 17715

No. _____, _____ St.

Primary Registration District No. 1011

Registered No. 75

Hospital _____

FULL NAME OF CHILD Joseph Stanley

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov. 5th 1913

FATHER		MOTHER	
FULL NAME	Joseph Stanley	FULL MAIDEN NAME	Sophy Brunner
RESIDENCE	Black Cloud	RESIDENCE	Black Cloud
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Nevada	BIRTHPLACE	Nebraska
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov. 5th 1913, at 8.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone MD
(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address _____

Filed Nov. 11, 1913 F. Leo Quigley
Registrar

Registrar

S-Y CO., 16670

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DOP OF 13-328788

2 SURNAMES THOMAS // NAME CHANGES

635-127-040-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 914 Residence St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 17716

Primary Registration District No. 1011 Registered No. 76

FULL NAME OF CHILD Medley Irwin Fleener

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	one	4	Yes	Oct 27 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ernest Fleener	FULL MAIDEN NAME	Ollie Bond
RESIDENCE	Wallace	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 14, 1913 F. Leo Quigley Registrar

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 26 1941

PLACE OF BIRTH

OCT 12 1971

JUL 15 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 40-651

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital Providence

Registration District No. 70 File No. 17717

Primary Registration District No. 1011 Registered No. 77

FULL NAME OF CHILD Delmont Mason Gibbs

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	One (To be answered only in event of plural births)	1st	yes	Nov 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George Gibbs	FULL MAIDEN NAME	Lottie Frazier
RESIDENCE	Success Mine	RESIDENCE	Success Mine
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ore.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Wallace Ida

Filed Nov 14 1913 F. Leo Quigley Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 3 1942

PLACE OF BIRTH

MAY 18 1971

813-113-040-154

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17718

County of Shoshone

City of Wallace

Registration District No. 7 7

File No.

No. ——, —— St.

Primary Registration District No. 1011

Registered No. 72

Hospital

FULL NAME OF CHILD Henry Harold Hallmer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Nov. (Day) 13th (Year) 1913
Male				

FATHER	MOTHER
FULL NAME Chas. L. Hallmer	FULL MAIDEN NAME Christine Andrews
RESIDENCE Shoshone Co	RESIDENCE Shoshone Co
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Laborer	OCCUPATION ——

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Nov. 13th 1913 (Born alive or stillborn) at 10:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. S. Stone M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 19, 1913 H. Leo Dempsey

Registrar

S-Y CO., 16470

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

HULTNER

DUP OF 1913 D53-1020

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

155-113
022-313

[redacted] F BIRTH

Form V. S. No. 11-C [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17719

Primary Registration District No. 2178 Registered No. 28

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in [redacted] births)	Legitimate?	Date of Birth
Male	[redacted]		June (Month) 13 (Day) 19[redacted]

FATHER		MOTHER	
FULL NAME	Jack Jensen	FULL MAIDEN NAME	Wanita Calaway
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bee Alwin (Born alive or stillborn), at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Shupp

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ro

Filed July 19 13 Ray S. Fisher

Registrar

Registrar

S-Y CO. 20174

[redacted]

DUP OF 1913-324012

249-212-022-389

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence — Registration District No. 100 — File No. 17720

No. ..... St. — Primary Registration District No. 2198 — Registered No. 27

Hospital .....

FULL NAME OF CHILD Durna Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			3	yes	June (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Eugene Smith	Mary Christiansen Smith
RESIDENCE	Independence	Independence
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 12, 1913, at 8:00 a.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 19 13 Ray H. Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

249-210-022-693

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 17721

Registered No. 26

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Jn 10 1913

FATHER		MOTHER	
FULL NAME	Lyle Smith	FULL MAIDEN NAME	Ada Williams
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Lebrecum	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... B

Number of children of this mother now living, including present birth ..... B

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed JULY 1913

Ray N. Fisher
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-109-022-819

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17722

Primary Registration District No. 2178 Registered No. 25

FULL NAME OF CHILD Veir Harris Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Jun 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E. LeRoy Anderson	FULL MAIDEN NAME	Sarah Harris
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Tommy	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov. 1, 1913 19 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20174

Certified Copy issued October 22, 1940. E.W.

963-206-022-719

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Fremont

City of Saigon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17723

Primary Registration District No. 2178 Registered No. 24

FULL NAME OF CHILD Ellen Anna Rock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) 6 (Day) 6 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Alfred Rock	FULL MAIDEN NAME	Berthia Pail
RESIDENCE	Sugar	RESIDENCE	Sugar.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bore Alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 1913 Ray H Fisher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah
County of Salt Lake } ss.

Certificate No. 17723

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellen Anna Rock (Kankelborg) (Name on Original Certificate) who born (Was Born or Died) on June 6, 1913 (Date of Event)
in Sugar City, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by L D S Church records (Bible Record, Insurance Policy, Etc.) prepared on June 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ellen Anna Rock

Subscribed and sworn to before me this 5th
day of May, 19 42

Ellen S. Stewart
Town Clerk ~~Notary Public~~, residing at South Salt Lake, Ut.

My commission expires
(Seal)

Signed Mrs Bertha Rock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of, 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 7 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Tremont

City of Salem

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17724

Primary Registration District No. 2178 Registered No. 2-3

FULL NAME OF CHILD Dora LaRue Fullmer

Sex of Child	Twin Triplet or other? and in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth June (Month) 8 (Day) 1913 (Year)
Fe			

FATHER		MOTHER	
FULL NAME	Reed Fullmer	FULL MAIDEN NAME	Eva Anderson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thompson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

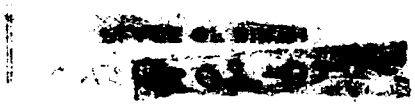
..... Registrar

Address .....

Filed July 19 13 Ray H. Fisher Registrar

S-Y CO. 20174

APR 10 1944



154-229-022-613

PLACE OF BIRTH

County of Fremont

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Independence Registration District No. 100 File No. 17725

No. ..... St.

Primary Registration District No. 2178 Registered No. 22

Hospital .....

FULL NAME OF CHILD Afton Andersen

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	2	yes	May 29 1913 (Month) (Day) (Year)

(To be answered only in event of [illegible])

	FATHER	MOTHER
FULL NAME	Charles Anderson	Luella Irene Waldram
RESIDENCE	Independence	Independence
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive May 29, 1913, at 12:10 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 1 1913 Ray H Fisher Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

[redacted]ACE OF BIRTH

[redacted]ment

[redacted]gor

[redacted] St.

STATE [redacted]
BUREAU O[redacted]TAL STATISTICS
CERT[redacted] OF BIRTH

No. 11-O-[redacted]

Registration District No. 100 File No. 7726

Primary Registration District No. 2178 Registered No. 21

Hospital

FULL NAME OF CHILD Masato Yamamoto

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5 29 1913

	FATHER		MOTHER
FULL NAME	S. Yamamoto	FULL MAIDEN NAME	Makino ~~Kawate~~ Kawamoto
RESIDENCE	Sugor	RESIDENCE	Sugor
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shugar

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed June 1913 Ray H. Fisher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

*WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]ied copy issued Oct. 9, 1934

[redacted]

Maiden Name

Color Age

[redacted]

NOV 3 1955

NOV 4 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING [illegible] A PERMANENT RECORD

N. B. In case of more than one child at birth, a [illegible] of each, in [illegible]

PLACE [illegible]

County of Tren[illegible]

City of Sugar

No. [illegible]

Hospital [illegible]

Form V. S. No. 11-C—20m [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10[illegible]

File No. 17727

Registered No. 20

FULL NAME OF CHILD

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate?

Date of Birth 5 (Month) 28 (Day) 191[illegible] (Year)

FATHER

FULL NAME Y. Takahora

RESIDENCE Sugar

[illegible] W

[illegible] BIRTHDAY 36 (Years)

BIRTHPLACE Japan

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Shirne Walanaba

RESIDENCE Sugar

[illegible] W

[illegible] BIRTHDAY [illegible] (Years)

BIRTHPLACE Japan

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shup[illegible]

(Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed June 1913 Ray H. Fisher

Registrar

B-Y CO. 20174

PHYSICIAN'S RECORD

PLACE OF BIRTH

No. in order of birth

Age

Number of children of this mother now living

Smith

DUP OF 1913-304424

TAKAHARA

235 - 228-022-331

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital Res

Form V. S. No. 11-C—20m-9-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17728

Primary Registration District No. 7178 Registered No. 19

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	May 28 1913

FATHER	MOTHER
FULL NAME Hyrum Grant Stephens	FULL MAIDEN NAME Emma Clark
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR White AGE AT LAST BIRTHDAY 28 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

M. C. Watts (Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed June 1913 Ray A. Fisher Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

897-127-022-355

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17729

Primary Registration District No. 2178 **Registered No.** 18

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May (Day) 27 (Year) 1913
Male			

FATHER		MOTHER	
FULL NAME	Geo J Higley	FULL MAIDEN NAME	Alice Curtis
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6 St

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shufer

(Physician or midwife)

Address Ray H. Fisher

Filed ..... 19 .....

Registrar

Registrar

Given names added from a supplemental report

..... 19 .....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11 C—20m-2-15-12

2 FILE DATE - JUNE 1913

249-125-022-279

Form V. S. No. 11-C—[illegible]-2-15-12

PLACE OF BIRTH

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17730

Primary Registration District No. 2178 Registered No. 17

FULL NAME OF CHILD Calvin Lewis Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			5 25 1913

FATHER		MOTHER	
FULL NAME	Ernest Smith	FULL MAIDEN NAME	Evangline Springer
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W AGE AT LAST BIRTHDAY 30 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 1913 Ray H. Fisher

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 17730

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Calfin Lewis Smith, (Name on Original Certificate) who born (Was Born or Died) on May 25th, 1913 (Date of Event)
in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by record of blessing (Bible Record, Insurance Policy, Etc.) prepared on 3rd of August 1913 (Give Date) X, are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Calvin Lewis Smith

Subscribed and sworn to before me this 25th
day of October, 1943.
Elva A Jasmann
Notary Public, residing at Portland, Oregon
My commission expires March 26, 1946
(Seal)

Signed Evangeline De Fehr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
4038 NE Rodney Ave, Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th
day of October, 1943.
Elva A Jasmann
Notary Public, residing at Portland, Oregon
My commission expires March 26, 1946
(Seal)

Signed E Jade Fehr
(Signature of Any Credible Person Other Than Previous Year)
4038 NE Rodney Avenue, Portland, Oregon
(Street Address, City, State)

NOV 1 1943

844-225-022-236

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Burton

Registration District No. 400 File No. 17731

No. ..... St.

Primary Registration District No. 2178 Registered No. 16

Hospital .....

FULL NAME OF CHILD Mary Isabell Humphrey

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	2 (To be answered only in event of plural births)	yes	May 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph J Humphrey	FULL MAIDEN NAME	Isabell Stoddard
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive May 25, 1913, at 7:30 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed June 19 13 Ray H. Fisher Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 3 1975

281-210-022-994

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17732

Primary Registration District No. 3178 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female Living				May 10 [illegible]3

FATHER		MOTHER	
FULL NAME	Frank Shaver	FULL MAIDEN NAME	Edyth Rider
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thuja

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 4 19 [illegible] Ray H. Fisher Registrar

8-Y CO. 20174

Form V.S. No. 11 2-20m-12-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

284-210-022-994

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17733

Primary Registration District No. 3178 **Registered No.** 14

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) May (Day) 10 (Year) 1913
Female			

	FATHER		MOTHER
FULL NAME	Frank Shaver	FULL MAIDEN NAME	Edith Rider
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Labor	OCCUPATION	House

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1030 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sheffer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

643-101-022-962

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17734

Primary Registration District No. 2178 Registered No. 13

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				5 / 3 / 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Tuttner.	Katie Roberts
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 4 1913

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

914-222-022-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17735

Primary Registration District No. 2178 **Registered No.** 12

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Gir			Apr 22 3

FATHER		MOTHER	
FULL NAME	Geo Ramer	FULL MAIDEN NAME	Kate Kurtz
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife +

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was J. R. Sugar Born alive at 5 p.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

695-221-022-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17736

Primary Registration District No. 2178 Registered No. 11

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Apr 21 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	Chas Freeman	FULL MAIDEN NAME	Anna Simpson
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thompson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 19 13 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

155-217-022-857

Amended 6-17-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17737
Local Reg. No. 10
Reg. Dist. No. 100

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Fremont	a. STATE: Idaho b. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Salem
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) — a. (First): Lucile — b. (Middle): — c. (Last): Jensen

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Female	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	4 - 17 - 1913

FATHER OF CHILD

7. FULL NAME — a. (First): Hans — b. (Middle): W. — c. (Last): Jensen

8. AGE (At time of this birth)	9. BIRTHPLACE (State of foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Idaho	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME — a. (First): Geneva — b. (Middle): — c. (Last): Hegsted

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	Utah	0	0	0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE	18. ATTENDANT AT BIRTH
J. R. Shupe	M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS:	20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE: Ray H. Fisher	23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

LENGTH OF PREGNANCY	WEIGHT AT BIRTH	Was a standard serological test for syphillis performed? Yes ____ No ____

...VISION OF VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Affidavit

STATE OF IDAHO
: ss
County of Fremont

#17737

Geneva Hegsted Jensen, being first duly sworn under oath deposes and says, that she is the natural mother of one Lucile Jensen, who was born April 17, 1913, at Salem Fremont County, Idaho, the child of affiant and Hans W Jensen.

That she knows these facts to be true being the parent of Lucile Jensen.

x Geneva H. Jensen

Subscribed and sworn to before me this 1st day of June 1965

Wm. K. Hawkinson
Probate Judge
Notary Public for Idaho

Residing at St. Anthony, Idaho

Seal

L.D.S Church Cert. of Baptism and Confirmation, May 1, 1921 gives full name as Lucile Jensen, daughter of Hans W. Jensen and Geneva Hegsted, born April 17, 1913 at Salem, Idaho - viewed by V.S.

Patriarch Blessing, L.D.S. Church, dated March 30, 1932 at Rexburg, Idaho gives full name as Lucile Henninger, daughter of Hans Walter Jensen and Ada Geneva Hegsted Jensen, born at Salem, Idaho, April 17, 1913, blessed by Andrew J. Hansen - viewed by V.S.

Marriage Certificate, State of Utah, County of Salt Lake, married April 4, 1912 at Salt Lake City, Utah gives full name of groom as Hans W. Jensen and full name of bride as Ada G. Hegsted - viewed by V.S.

819-217-022-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17738

Primary Registration District No. 2198 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	4 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Harris	FULL MAIDEN NAME	Ida Jensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. _____

Registration District No. _____

Serial No. _____

PLACE OF BIRTH

County of _____

845-115-022-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 17739

Primary Registration District No. 3178 Registered No. 8

FULL NAME OF CHILD Joseph Dee Hunt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			4 15 1913

FATHER		MOTHER	
FULL NAME	Joseph Hunt	FULL MAIDEN NAME	Maggie Thomas
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Colorado
City and County of Denver } ss.

Certificate No. 17739

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hunt (Name on Original Certificate) who born (Was Born or Died) on April 15, 1913 (Date of Event)

in Sugar City (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Records (Bible Record, Insurance Policy, Etc.) prepared on 3/10-1949 & 10/29-1950 (Give Date) are:

viewed by V.S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Military Record 1942 April 2.	viewed by vital statistics
Child's Name	Unnamed	Joseph Dee Hunt

Subscribed and sworn to before me this 14th day of March, 1958

Eva Williams
Notary Public, residing at Denver, Colorado
My commission expires My Commission Expires Jan. 25, 1959
(Seal)

Signed Mrs Rio Janette Berner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3463 S. Patton Way, Denver, Colo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado
City and County of Denver } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of March, 1958

Eva Williams
Notary Public, residing at Denver, Colorado
My commission expires My Commission Expires Jan. 25, 1959
(Seal)

Signed Evelyn Pratt
(Signature of Any Credible Person)
1830 Grant Denver, Colo
(Street Address, City, State)

FORM DPH 55.155

NNCL 3-10-58 1 copy paid

APR 21 1958

855-213-022-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17740

Primary Registration District No. 2178 **Registered No.** 7

FULL NAME OF CHILD JUNE HENDRICKS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			4 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Josiah Hendricks	FULL MAIDEN NAME	Mary Felt
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	N AGE AT LAST BIRTHDAY 49 (Years)	COLOR	W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 6 H. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was J. R. Shupe Bmaborn, at 2a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray N. Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 10-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 17940

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS FEB 24 8 26 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 17740

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for unnamed female Hendricks (Name on Original Certificate) who was born (Was Born or Died) on April 13, 1913 (Date of Event)

in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	not named	June Hendricks

Subscribed and sworn to before me this 21 day of Feb, 1978

[signature]

Notary Public, residing at Rexburg

My commission expires 11-20-78

(Seal)

Signed Harriet W. Squires

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #4 Rexburg Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of February, 1978

[signature]

Notary Public, residing at Rexburg

My commission expires 11-20-78

(Seal)

Signed Eli D. Smith

(Signature of Any Credible Person)

Idaho 568.50 5th W Rexburg Idaho 83440

(Street Address, City, State)

FORM DH 60-155

CL sent 2/17/78 1 copy paid (sent as is)

Blessing certificate issued by the L.D.S.Church gives name as June Hendricks born April 13, 1913 in Hibbard, Madison County, Idaho to Josiah Hendricks and Mary Ann Felt. Blessed June 1, 1913, in L.D.S.Church.
Viewed by V.S.

Baptismal Certificate gives name as June Hendricks born April 13, 1913 at Hibbard, Idaho, to Josiah Hendricks and Mary Ann Felt. Baptized April 30, 1921 in L.D.S.Church
Viewed by v.S.

815-111-022-493

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Fremont

City of Independence

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17741

Primary Registration District No. 2178 Registered No. 6

FULL NAME OF CHILD Daniel Bleakeley Hancock

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth: 5 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: April (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm H Hancock	FULL MAIDEN NAME	Jane Elizabeth Miller
RESIDENCE	Independence	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 45 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts (Physician or midwife)

Address Rexburg Idaho

Filed May 1913 Ray H Fisk Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1954

693-111-022-231

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17742

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** .....

Primary Registration District No. 2178 **Registered No.** 5

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			4 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lester Williams	FULL MAIDEN NAME	Rubie Blake
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bore Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shufer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray S. Fish

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

219-209-022-416

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17743

Primary Registration District No. 2178 **Registered No.** 4

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			4 9 1913

	FATHER		MOTHER
FULL NAME	R. Sarazwa	FULL MAIDEN NAME	Chio Maru
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Brown AGE AT LAST BIRTHDAY 44 (Years)	COLOR	Brown AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Labor Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Bone Alive at 5 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-207-022-168

Form V. S. No. 11-O—Rev. 8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 100

File No. 17744

Primary Registration District No. 2178

Registered No. 3

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female	8	yes	April 7 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Cory Arther Stephens	Martha Johnson
RESIDENCE	Rexburg	Rexburg
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	37
BIRTHPLACE	Utah	Utah
OCCUPATION	former	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ma A Watts
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed May 1913 Ray M Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 16 1969

857-222-022-249

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Fremont

City of Hiberd

No. ..... St.

Hospital Res

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17745

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	12 (To be answered only in event of plural births)	yes	June 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Keppner	FULL MAIDEN NAME	Rathhel Smith
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed July 1913 Ray H. Fisher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 366069

294-230-022-858

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 17746

Primary Registration District No. 2178 Registered No. 33

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) June (Day) 30 (Year) 1913
Female			

FATHER		MOTHER	
FULL NAME	Jas J Simonsen	FULL MAIDEN NAME	Annie Heysted
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W AGE AT LAST BIRTHDAY 53 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 8th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shufer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 19 13 Ray S Fisher Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SIMONSEN

DUP OF 1913 - 330607

335

[illegible]

[illegible]

[illegible]

CERTIFICATE OF BIRTH

County of [illegible]

City of Roxburg

Registration District No. 100

File No. 17747

No. ..... St.

Primary Registration District No. 2178

Registered No. 1

Hospital .....

FULL NAME OF CHILD Reid Wm Clements

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	(To be answered [illegible] of plural births)				4 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm Clements	FULL MAIDEN NAME	Violet McKinney
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 10 1914 Ray H. Fisher

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child [illegible] must be made for each and the number [illegible]

NOV 18 1942

495-105-022-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 100

Primary Registration District No. 2178

File No. 17748

Registered No. [redacted]

FULL NAME OF CHILD Samuel Reid Miner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			4 5 1913

FATHER		MOTHER	
FULL NAME	~~Mark Henderson~~ Don Miner	FULL MAIDEN NAME	Maud Henderson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed May 1913 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6 13 72

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 13 12 57 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17748

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Miner (Name on Original Certificate) who was born (Was Born or Died) on April 5, 1913 (Date of Event)
in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Samuel Reid Miner

Subscribed and sworn to before me this 13th day of June, 19 72

Notary Public, residing at Middleton

My commission expires 1-2-74

(Seal)

Signed Richard B. Foote
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 214 Middleton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Form DH 40 155

JUN 13 1972

Own childs birth certificate DeVona Ann Miner born March 20, 1933 in Pocatello, Idaho, State File No. 211257 gives fathers name as Samuel Reid Miner.
Viewed by VS

Social Security Card No. 519-07-5015 issued June 23, 1937 gives name as Samuel Reid Miner.
Viewed by VS

719-222-022-755

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 17749

Primary Registration District No. 2178 **Registered No.** 31

FULL NAME OF CHILD Wanda Garner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			June 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Laurence Garner	FULL MAIDEN NAME	Lottie Peacock
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address .....

Filed July 1913 Ray H. Fisher *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MAY 13 1965

384-230-022-731

Child's name amended 12-5-89 MCM

Form V. S. No. 11-C—20m-2-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 100 File No. 17750

No. ..... St.

Primary Registration District No. 5178 Registered No. 34

Hospital ..... JANET SYBLE

FULL NAME OF CHILD ~~Syble~~ ~~Janette~~ Lyman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female			4	yes	June 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Lyman	FULL MAIDEN NAME	Serafina plarer
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Chicago
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive June 30, 1913, at 2:00 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Karl J. Peterson
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 19 13 Ray H. Fisher
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Child's name amended 12-5-63 MCH

Form V. S. No. 11-C-20m-2-55

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

NOV 28 1989
VITAL STATISTICS UNIT

State of _____ } ss.
County of _____

Certificate No. 17750
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Sible Janette Lyman (Name on Original Certificate) who was born (Was Born, Died, etc.) on June 30, 1913 (Date of Event)

in Independence, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Sible Janette Lyman	Janet Syble Lyman

Subscribed and sworn to before me this 16 day of October, 1989.

Notary Public, Joseph L. Sellers
Residing at Rexburg Idaho 83440
My commission expires Life
(Seal)

X Janet S. Smith
Signature of Applicant

X 5065 S. 2000 W. Rexburg Idaho 83440
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

~~3/6/80 lee pd. 13383~~ sent

Mutual Life Insurance Co shows Janet Syble Smith born June 30, 1913 and signed Dec 1960. Viewed by VS.

ID birth certificate shows Blaine Smith born Apr 3, 1941 in Rexburg to Dan Smith & Janet Sybil Lyman, state file #312658. Viewed by VS.

351-118-022-957

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Herbert

Registration District No. 100

File No. 17751

No. ..... St.

Primary Registration District No. 2178

Registered No. 29

Hospital .....

FULL NAME OF CHILD Ross Albert Leatham

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	June 18th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Spence Leatham	FULL MAIDEN NAME	Maud Amelia Englund
RESIDENCE	Herbert Idaho	RESIDENCE	Herbert Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Rosine Pfost. Nurse.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 19 13 Ray H. Fisher

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a [illegible] must be made for each and the number of each, in order of birth [illegible]

PLACE OF BIRTH

DUP OF 1913-30577

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 17752

County of [redacted]

City of Boise

No. 609 S 13th St. Registration District No. 2 File No. 362

Hospital Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Carmen Lenn Cavness

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 31, 1913

FATHER		MOTHER	
FULL NAME	Alfred E. Cavness	FULL MAIDEN NAME	Ethel Hanson
RESIDENCE	609 - 813 S 5th	RESIDENCE	609 - 813 S 5th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ill.
OCCUPATION	Painter	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) L. H. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St.

Filed 11-1 1913 M S Parker

Registrar

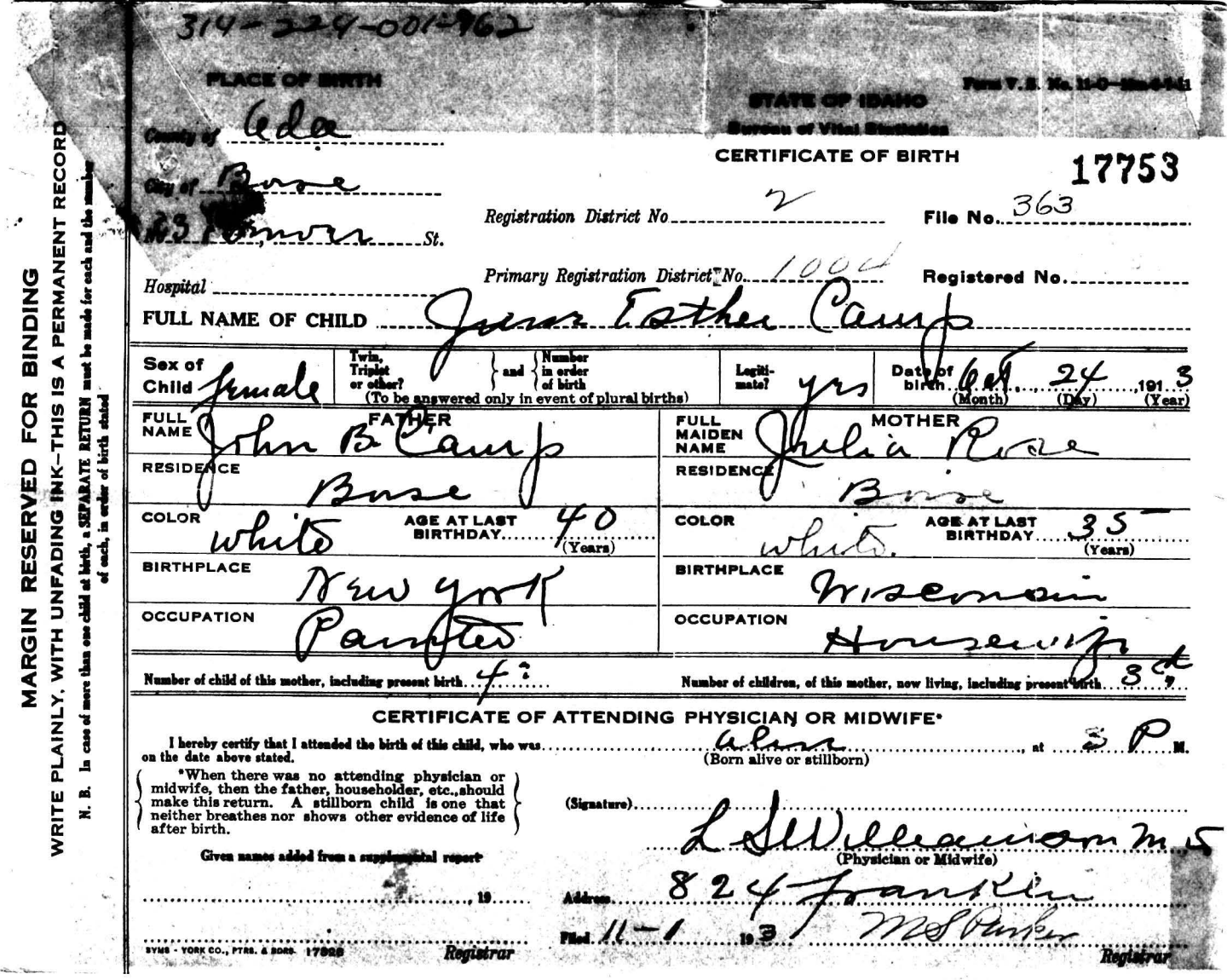
SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

[illegible] OF CALIFORNIA

[illegible]



314-224-001-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

23 Pioneer St.

Hospital

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17753

Registration District No. 2 File No. 363

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD June Esther Camp

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
female		yes	6 Oct (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John B. Camp	FULL MAIDEN NAME	Julia Rose
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Wisconsin
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3 ct

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L S Williamson M.D. (Physician or Midwife)

Address 824 Franklin

Filed 11-1 1913 M S Parker Registrar

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17828

Form V.S. No. 11-C-10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of

City of

[redacted] 1964

Registrar

714-120-001-295

Form V. S. No. 11-C—15m-6-20-

PLACE OF BIRTH

County of Ada

City of Boise

No. 708 Pueblo St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17754

Registration District No. 2 File No. 364

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD William Ellis Paulson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Oct 20 1913

FATHER		MOTHER	
FULL NAME	Ellis O Paulson	FULL MAIDEN NAME	Loma Bieri
RESIDENCE	708 Pueblo St. Boise	RESIDENCE	708 Pueblo St.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden (Norwegian Parentage)	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Robinson

M. D.

(Physician or Midwife)

Given names added from a supplemental report

..., 19...

Address 210 Overland Bldg

Filed 11-1 1913 M S Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 6 1949

163-231-001-792

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

17755

County of Ada

City of Boise

No. 2026, N. 17th St.

Hospital

Registration District No. 2

File No. 365

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Nora Ellen Afton

Sex of Child	~~Twin, Triplet,~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	2	Yes	Oct 31, 1913

FATHER		MOTHER	
FULL NAME	Earl H. Afton	FULL MAIDEN NAME	Clara A. Gish
RESIDENCE	Garden Valley Ida	RESIDENCE	Garden Valley Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	House Wpr.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Boise Idaho

Filed 11-1-1913 M S Parker

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 17755

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Afton (Name on Original Certificate) who Born (Was Born or ~~Died~~) on Oct. 31, 1913 (Date of Event)
in Boise, Idaho, (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, ~~Insurance Policy, Etc.~~) prepared on Nov. 12, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Nora Ellen Afton
Nora Ellen		

Subscribed and sworn to before me this 24th day of June, 1947

Dea Board

Notary Public, residing at Boise, Idaho

My commission expires July 17, 1947
(Seal)

Signed Earl F. Afton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2100 No. 17th St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June 1947

Dea Board

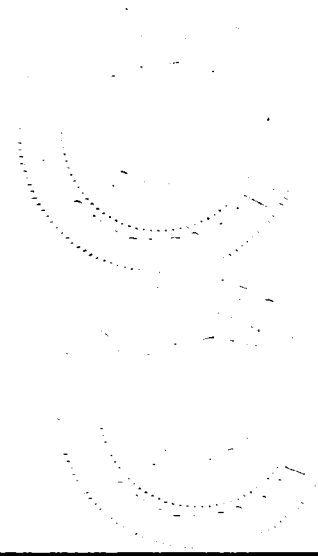
Notary Public, residing at Boise, Idaho

My commission expires July 17, 1947
(Seal)

Signed V. Helen Yeager
(Signature of Any Credible Person Other Than Previous Year)

2100 N. 17th St. Boise, Ida.
(Street Address, City, State)

JUN 24 1947



281-130-001-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 700 McKinley St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17756

Registration District No. 2 File No. 366

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD JOHN JACKSON SHAW

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	10 30 1913

FATHER		MOTHER	
FULL NAME	Guy A Shaw	FULL MAIDEN NAME	Mary Grimmett
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Colorado	BIRTHPLACE	Missouri
OCCUPATION	laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman M. D. (Physician or midwife)

Given names added from a supplemental report

19

Address Boise Idaho

Filed 11-1 1913 M S Parker Registrar

Registrar

S-Y CO. 20174

Form V.S. No. U-C-July-2-38-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. Certificate No. 17756

County of Josephine } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for John Jackson Shaw (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 30, 1913 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	John Jackson Shaw

Subscribed and sworn to before me this

day of 14 Feb, 1942

J. J. [illegible]

Notary Public, residing at

My commission expires

(SEAL)

Signed Mary J. Shaw. Mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.

County of Josephine }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of 14 Feb, 1942

J. J. [illegible]

Notary Public, residing at

My commission expires

(SEAL)

Signed J. W. Shaw Older Brother

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

MAR 7 1942

FEB 21 1942

SEP 27 1975

433-219
001-859

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17757

County of Ada

City of Boise

No. 124-Wm. Springs St.

Hospital

Registration District No. 2

File No. 367

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD RUTH MARIE ULLMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
FEMALE		YES	10- 19 1913

FATHER		MOTHER	
FULL NAME	JACOB ULLMAN	FULL MAIDEN NAME	RENA ULLMAN HERMAN
RESIDENCE	BOISE	RESIDENCE	BOISE
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	NEW YORK	BIRTHPLACE	GERMANY
OCCUPATION	SALESMAN	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at 3 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

PHYSICIAN (Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 11-1 1913 M S Parker Registrar

Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 9 1942

JAN 5 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]8-001-235

[illegible] OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17758

County of Ada

City of Boise

No. So Boise St.

Hospital

Registration District No. 2 File No. 368

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Henry Lavernon Hood

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	10-28-1918

FATHER		MOTHER	
FULL NAME	John Riley Hood	FULL MAIDEN NAME	Rosetta Stewart
RESIDENCE	Boise, Idaho	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman M.D. (Physician or midwife)

Given names added from a supplemental report

19

Address Boise, Idaho

Filed 11-1-1913 McPartner Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

3/13/41 ITMF

314-223-001*-666

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

1778

County of Ada

[redacted]

Registration District No. 2 File No. 369

[redacted] St.

Primary Registration District No. 1004 Registered No. 369

Hospital St. Lukes

FULL NAME OF CHILD Beatrice Catherine Camp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	— and —	—	yes	Oct. 23 1913

FATHER		MOTHER	
FULL NAME	W. A. Camp	FULL MAIDEN NAME	Caroline E. Wood
RESIDENCE	2401 Sherman	RESIDENCE	2401 Sherman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Canada	BIRTHPLACE	Nebraska
OCCUPATION	Real Estate Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 11 1913 M S Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of such, in order of birth stated

AUG 30 1955

515-225-001-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 17760

County of Ada

City of Boise

No. 607 No. 9th St.

Hospital

Registration District No. 2 File No. 370

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Laura Frances Van Eaman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Oct 25

FATHER	MOTHER
FULL NAME A. G. Van Eaman	FULL MAIDEN NAME Rhoda May Campbell
RESIDENCE 607 No 9th St.	RESIDENCE 607 N 9th St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY [illegible]
BIRTHPLACE Iowa	BIRTHPLACE Nevada
OCCUPATION Chemist	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-11 19 3 M. S. Parker

Registrar

S-Y CO., 16670

791-228-001-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 2115 No 13th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17761

Registration District No. 2 File No. 371

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Bessie Isabel Giambo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Oct (Month) 28th (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	T. D Giambo	FULL MAIDEN NAME	Margaret I. Stanton
RESIDENCE	2115 No 13th St.	RESIDENCE	2115 No. 13th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise. Idaho

Filed 11-12 1913 [illegible]

Registrar

Registrar

S-Y CO. 20172

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 24 12 11 PM '72

State of ..... } ss.
County of ..... }

Certificate No. 17761

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Giambo (Name on Original Certificate) who was born (Was Born or Died) on Octo 28, 1913 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Bessie Isabel Giambo

Subscribed and sworn to before me this 24th day of July 24, 19 72

Florence Courtright

Notary Public, residing at Boise, Id

My commission expires 4-20-74

(Seal)

Signed Loyd R Stanton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with state of Idaho, Certifidate # 358274 gives name of mother as Bessie Isabel Giambo. Child born August 17, 1942
Viewed by V.S.

Social Security Card, # 519 05 5909 gives name as Bessie Gaimbo Pendleton.
Card issued August 25, 1937.
Viewed by V.S.

JUL 25 1977

134-229-001-127

PL[redacted]TH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17762

County of Ada

City of Boise

No. 1016 Front St.

Hospital

Registration District No. 2

File No. 372

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Angela Aldape

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe		Yes	10 29 1918

FATHER		MOTHER	
FULL NAME	Felipe de Aldapa	FULL MAIDEN NAME	Maria Aspiri
RESIDENCE	1016 Front St	RESIDENCE	1016 Front St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Tavern Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

19

Address Tulk Bldg

Filed 11-12 1913 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 20 1969
APR 08 2014

15-2-131-001-239

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Ada

City of Boise

No. 1815 N 20 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17763

Registration District No. 2 File No. 373

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Ralph Aubrey Ankeny

Sex of Child Male | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas A. Ankeny	FULL MAIDEN NAME	Carrie Stroud.
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado -	BIRTHPLACE	Wyo -
OCCUPATION	Teamster	OCCUPATION	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Carl Hill

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Filed 11-22 1913 M S Parker
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1942

JAN 1 5 1968

AUG 2 0 1975

MAR 1 0 1966

SEP 6 1966

JUL 2 4 1969

MAY 2 0 1971

JAN 2 1 1974

755-225-001-141

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17764

County of Ada

City of Boise-Ida

Registration District No. 2

File No. 374

No. 1511 Sherman St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD Gevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Oct. 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Owen T Gevens	FULL MAIDEN NAME	Alice Adams
RESIDENCE	Boise, Ida	RESIDENCE	Boise, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10-20 P. M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or [redacted])

Given names added from a supplemental report

..... 19.....

Address John Bauck

Filed 11-15-1913 Boise Ida

M S Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

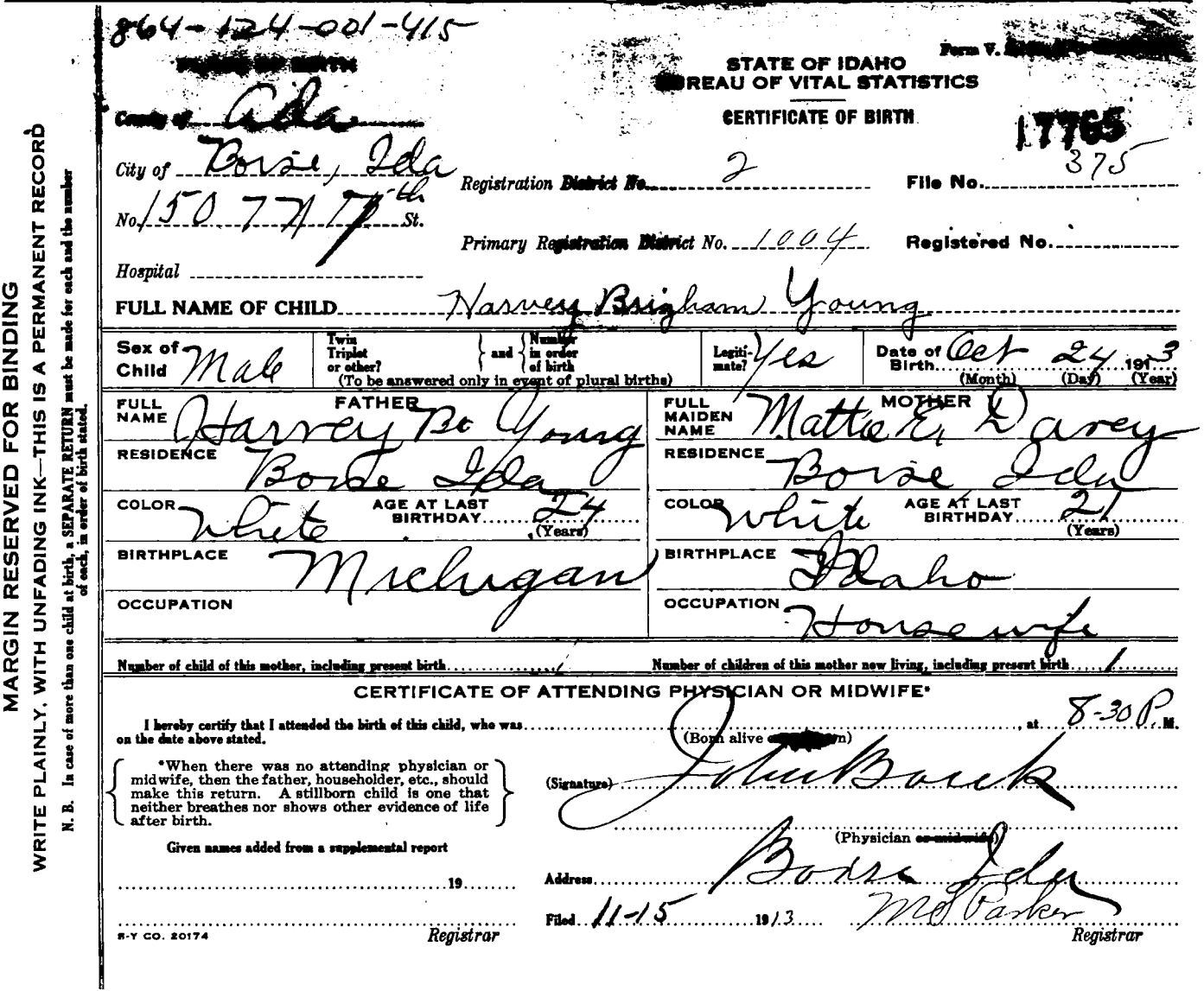
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864-124-001-415

[redacted]

County of Ada

City of Boise, Ida

No. 1507 N 7th St.

Hospital

Form V. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17765

Registration District No. 2 File No. 375

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Harvey Brigham Young

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harvey Bo Young	FULL MAIDEN NAME	Mattie E. Darcy
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]n) at 8-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician ~~or midwife~~)

Address Boise Ida

Filed 11-15 1913 M J Parker

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

OCT 31

599-222-001-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17767

County of Ada

City of Boise Idaho

Registration District No. 2

File No. 377

No. 1518 Hyde St.

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Axel A. Erickson	FULL MAIDEN NAME	Inga J. Liam
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Norway
OCCUPATION	Taylor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 11-15 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NAME OF CH

715-120-001-753

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17768

County of Ada

City of Boise Idaho

No. 705 Fort St.

Hospital

Registration District No. 2

File No. 378

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Harold Gangnes	FULL MAIDEN NAME	Mary Peterson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Denmark
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bauk

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 11-15 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

94-119-001-962

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17769

County of Ada

City of Boise Idaho

Registration District No. 2 File No. 379

No. 1317 E Jeff St.

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Robert ~~H~~ Mathias Krummes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm M. Krummes	FULL MAIDEN NAME	Jessie Robertson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mass.	BIRTHPLACE	Scotland
OCCUPATION	Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 06-15 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/21/41 L. B.

955-228-001-147

Form V. S. No. 11-O-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

17770

CERTIFICATE OF BIRTH

County of Ada

City of Boise, Ida

No. 413 So 3rd St.

Registration District No. 2 File No. 380

Primary Registration District No. 1004 Registered No.

Hospital

FULL NAME OF CHILD Garniett Williman Reeves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward S. Reeves	FULL MAIDEN NAME	Fannie E Anglen
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Tenn.
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [illegible]) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician or [illegible])

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed ..... 19..... M S Parker

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1968

199-230-001-353

Form V. S. No. 11-C-25

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17771

County of Ada

City of Boise

No. 613 Idaho St. St.

Hospital

Registration District No. 2

File No. 381

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Carmen Claudia Arregui

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Female	3	yes	10 30

FATHER		MOTHER	
FULL NAME	Mateo Arregui	FULL MAIDEN NAME	Adriana Celaya
RESIDENCE	613 Idaho St	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY	
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Boarding house keeper	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collerston

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19.....

Address Boise, Idaho

Filed 11-17 19-13 M S Parker
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

196-131-001-353

[redacted]

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH
Amended 5-7-75

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17772

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 2

File No. 382

Primary Registration District No. 1004

Registered No. .....

FULL NAME OF CHILD Luis Arostegui

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	10 (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jose Arostegui	FULL MAIDEN NAME	Cruza Telleria
RESIDENCE	613 Idaho St	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep herder	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 11-17 1913 M S Parker

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 7 11 19 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada

Certificate No. 17772

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Luis Quintina Arostegui (Name on Original Certificate) who was born (Was Born or Died) on October 30, 1913 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's birthdate	October 30, 1913	October 31, 1913
Maiden name of mother	Quintina	Crusa Telleria
Middle name of child	Quintina	omitt

Subscribed and sworn to before me this 2nd day of May, 19 75

Notary Public, residing at Boise, Idaho
My commission expires 4-7-76
(Seal)

Signed Luis Arostegui
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1016 No. 9th Boise, Ida. 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of

Asister's certificate on file with Vital Statistics, # 291111 gives mother's maiden name as Crusa Telleria. Child born January 26, 1912.
Viewed by V.S

FEB 13 2001

MAY 7 1975

Baptismal Certificate gives childs name as Luis Arostegui child of Joseph Aristegui and Cruza Telleris was born October 31, 1913 and Baptized December 7,1913 in The Roman Catholic Church by Rev.Bernardo Arregui.
Viewed by V.S

235-108-001-791

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

County of Ada

City of Boise

Registration District No. 2

File No. 17773 383

No. 210 Myrtle St.

Primary Registration District No. 1004

Registered No.

Hospital — Loyd

FULL NAME OF CHILD Graham Stevens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov. 8th 1913

	FATHER	MOTHER
FULL NAME	Archie Stevens	Zeola A. Graham
RESIDENCE	—	Or + Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Nova Scotia Canada	Auburn Oregon
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Nov 8th 1913 at 10 40 a- M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo P Haley

(Physician or Midwife)

Address Boise Ida -

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-17 1913 M S Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1 1942

SEP 5 1975

567-103-001-349

Form V. S. No. 11-C—20m-8-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17774

County of Ada

City of Boise

Registration District No. 8

File No. 384

No. ..... St.

Primary Registration District No. 1004

Registered No. .....

Hospital St Alphonsus

FULL NAME OF CHILD Louis Frederick Vogt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Louis J Vogt	FULL MAIDEN NAME	Jessie Curl
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Butter-maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise, Idaho

Filed 11-18 19.....

M S Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

253-226-001-25

BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

County of Ada

City of

No. St.

Hospital

CERTIFICATE OF BIRTH 17775

Registration District No. 2 File No. 385

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Ethel Irene Kellar

Sex of Child	Twin Triplet or number? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	Twin and Number in order of birth	yes	May 24 (Month) 1913 (Day) (Year)

	FATHER	MOTHER
FULL NAME	John B. Kellar	Jessie B. Kellar
RESIDENCE		
BIRTHPLACE	Indiana Penna	
OCCUPATION	Farming	Goldfield Ia.
		Farming

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz MD

Boise Idaho

(Physician or midwife)

Address

Filed 11-18 1913 M. S. Parker

Registrar

Given names added from a supplemental report

19

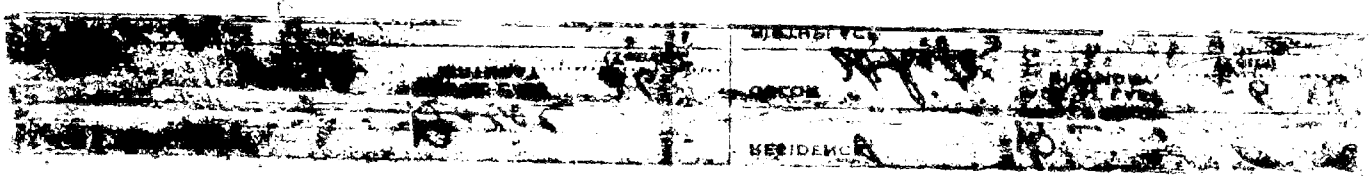
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each and the number of each stated.



253-126-001-253

Form V. S. No. 11-O—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of —

No. ..... St.

Hospital .....

Registration District No. 2

File No. 17776 386

Primary Registration District No. 1004

Registered No. .....

FULL NAME OF CHILD Elmer I. Kellar

Sex of Child Boy	Twin Triplet or other? Twin and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth May 26 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME John A. Kellar	FULL MAIDEN Jessie A. Kellar
RESIDENCE [illegible]	[illegible]
COLOR Wh[illegible]	[illegible]
BIRTHPLACE Indiana, Penn.	BIRTHPLACE Goldfield, Ia.
OCCUPATION Farming	OCCUPATION Farming

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz M.D.

Boise, Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-18 1913 M S Parker

Registrar

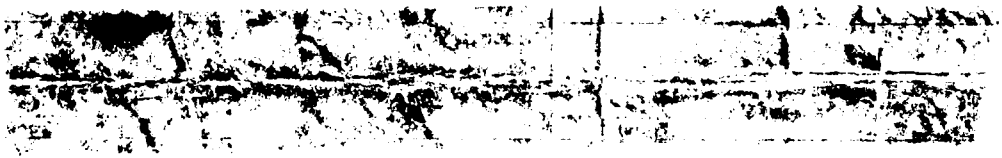
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. Home St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17777

File No. 387

Registered No.

FULL NAME OF CHILD Harvey White

Sex of Child	Twin Triplet or other? (To be answered only in ev[illegible]s)	Legitimate?	Date of Birth
Male	and		May 18 1913 191 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edgar G White	FULL MAIDEN NAME	Ella Holt
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	5[illegible]	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Cars. Co. Missouri	BIRTHPLACE	Cars. Co. Missouri
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. E. Shurtz, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

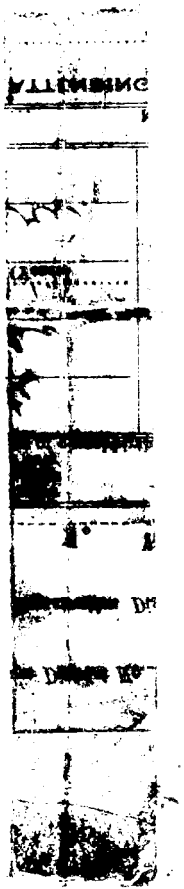
Address Boise, Idaho

Filed 11-18 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174



NOV 14 1944

242-109-001-632

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—[illegible]

17778

County of Ada

City of Boise — Registration District No. 2 — File No. 366

No. 2508 Ada St.

Primary Registration District No. 1044 — Registrar's No.

Hospital St. Lukes

FULL NAME OF CHILD Robert Lynn Busey

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legal Name	Date of Birth (Month) (Day) (Year)
Male		yes	11 - 9 - 1913

FATHER	MOTHER
FULL NAME John Lynn Busey	FULL NAME Amy Marie Olsen
RESIDENCE 2508 Ada St.	RESIDENCE 2508 Ada St.
COLOR White — AGE AT LAST BIRTHDAY (Years)	COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Iowa
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth One — Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm F. Smith M.D. (Physician or Midwife)

Given name added from a supplemental report

Address 410 Overland

..... 19.....

Filed 11-18 1913 M S Parker

Registrar — Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 21 1956

791-11-2-001-389

PLACE OF BIRTH

Ada

Boise

No. 315 Bannock St.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 2 File No. 17779 389

Primary Registration District No. 1404 Registered No.

Hospital St Alphonsus

FULL NAME OF CHILD Walter James Gray Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	11 - 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter J. Gray	Alberta Cohusman
RESIDENCE	315 Bannock St	315 Bannock St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE		Idaho
OCCUPATION	Traveling Salesman	Housewife

Number of child of this mother, including present birth One.

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6 Born alive (Born alive or stillborn) at 1-P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Wm F. Smith
(Physician or Midwife)

Address 410 Overland

Filed ..... 19..... M. Parker
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and for each, in order of birth stated

296-131-001-414

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Ada

City of South Boise

No. 6th & Broadway St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17780

Registration District No. 2 File No. 390

Primary Registration District No. 1104 Registered No.

FULL NAME OF CHILD Henry Albert Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	10 (Month) / 31 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Glen P. Brown	FULL MAIDEN NAME	Maud J Maus
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 11-14 1913 M S Parker

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 9 1968

PLACE OF BIRTH

DUP OF 1913 - 15140

219-001-753

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17781

[redacted]H

C[redacted] Ada

[redacted] South Boise

No. ..... St.

Hospital .....

Registration District No. 2 File No. 391

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Carribelle Prickett

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	yes	9 (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert F. Prickett	FULL MAIDEN NAME	Emma Geckler
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Boise Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Cuccaway
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 11-18 1913 M S Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 148412

MARGIN RESERVED FOR [illegible]NDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] No. 11-C—20m-2-15-12

[illegible] Registration District No. [illegible] File No. [illegible]

No. —— St.

Primary Registration District No. 1004 Registered No. ——

Hospital ——

FULL NAME OF CHILD ROBERT BRUCE SMITH

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	10 / 1 / 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ed E. Smith	FULL MAIDEN NAME	Florence Jamison
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Colo
OCCUPATION	Car Repairer	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mallen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 11-18 1913 McPaske

Registrar Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 20 Certificate No. 17782

County of Canyon } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for none (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Oct, Ist, 1913 (DATE OF EVENT)

in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Robert Bruce Smith

Subscribed and sworn to before me this 23rd, day of Jan, 1942

[signature]

Notary Public, residing at Nampa, Idaho

My commission expires Sept. 5-1944

(SEAL)

Signed M. Florence E. Smith

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

512-19th, Ave. S. Nampa, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

791-104-001-219

PLACE OF BIRTH

[illegible]TE OF ID[illegible]
BU[illegible] VITAL [illegible]
[illegible] OF [illegible]

17783

County of Ada

City of Boise

No. 1119 E. State St.

Hospital

Registration District No. 2

File No. 393

Primary Registration District No. 1004

Registered No.

FULL NAME OF CHILD Bruce Barr Gralow

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov. (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm F Gralow	FULL MAIDEN NAME	Mabel A. Barr
RESIDENCE	1119 E. State	RESIDENCE	1119 E. State
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Wisconsin
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Lindsey

Physician (Physician or midwife)

Given names added from a supplemental report

Address Boise Idaho

19

Filed 11-18 19 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STAT
EAU O
GE

File No.

PLACE OF BIRTH

(Country)

295-226-001-369

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17784

County of ADA

City of Boise

Registration District No. 2 File No. 394

No. ..... St.

Hospital St. Alphonsus

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD Anna Josephine Breckenridge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	10 — 25 — 1913

FATHER		MOTHER	
FULL NAME	J. C. BRECKENRIDGE	FULL MAIDEN NAME	ANNA CORDER
RESIDENCE	BOISE	RESIDENCE	BOISE
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE		BIRTHPLACE	IDAHO
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was BORN ALIVE (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Collister

PHYSICIAN (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 11-24 19 3 M S Parker Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 19 1942

959-24-001-655

[redacted]

County of Ada

City of Boise

No. 1714 Franklin

Hospital

Form V. [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17795

Registration District No. 2 File No. 395

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Marguerett Lucille Reily.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L.	Nov 11 191[illegible]

FATHER	MOTHER
FULL NAME Sindney F Reily.	FULL MAIDEN NAME Lucille Feel.
RESIDENCE 1714 Franklin St.	RESIDENCE 1714 Franklin St.
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Virginia
OCCUPATION Wire-chief	OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or midwife)

Given name added from a supplemental report

19

Address Boise Ida

Filed 11-24 1933 N L Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DupCD 1913-18945

314-216-001-693

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17786

County of Ada

City of Boise

Registration District No. 2 File No. 396

No. ..... St.

Primary Registration District No. 1004 Registered No. .....

Hospital St Alphonsus.

FULL NAME OF CHILD Jane Cameron

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		L	Nov 16 1913

FATHER		MOTHER	
FULL NAME	Wm E. Cameron	FULL MAIDEN NAME	Mary Williams
RESIDENCE	~~New York~~ Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	New York.	BIRTHPLACE	Penn.
OCCUPATION	Atty	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bock

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 11-24 1913 M S Parker

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

BIRTH [redacted] 27 1969

County of

312-106-001-941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of So. Boise

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 3[illegible]7

Primary Registration District No. 1004 Registered No. [illegible]

FULL NAME OF CHILD Raymond Andrew Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			I	Nov. 6 1913

FATHER		MOTHER	
FULL NAME	Chas. F. Baker	FULL MAIDEN NAME	Louise Iman
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45. (Years)	AGE AT LAST BIRTHDAY	38. (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baker

(Physician or ~~midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed 11-24 1913 M S Parker
Registrar

..... Registrar

B-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 18 1973

154-103-201-962

Filed 2/21/73

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17788

County of Ada.

City of Boise

No. 1824 N 20th St.

Registration District No. 2

File No. 398

Primary Registration District No. 1004

Registered No.

Hospital

FULL NAME OF CHILD JOHN WESLEY ANDREGG

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		L.	Nov 3 1913

FATHER		MOTHER	
FULL NAME	Herman Andregg.	FULL MAIDEN NAME	Violet Robison
RESIDENCE	1824 N. 20th St	RESIDENCE	1824 N. 20th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minnesota	BIRTHPLACE	Pennsylvania
OCCUPATION	Miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brook

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Boise Ida

Filed 11-24 1913

M. S. Parker
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

2 21 73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17788

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for John Wesley Andregg (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mothers maiden Name	Robinson	Robison

Subscribed and sworn to before me this 21st day of
February, 19 73
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Leona M. Andregg
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RR 1 Boise, Idaho 83702
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

FEB 21 1973

Own brothers birth certificate Paul Fillmore Andregg born Jan. 4, 1918 at Boise, Idaho State File No. 57193 gives mothers name as Violet N. Robison.
Viewed by VS

Application for -
Marriage License and Certificate State of Idaho , County of Ada (married June 21,1906), instrument No. 11928 issued by Ada County Recorder Herman F. Andregg and Violet Robison.
Viewed by VS

812-112-001-995

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17789

Registration District No. 2 File No. 399

Primary Registration District No. 1004 Registered No. .....

FULL NAME OF CHILD John Van Hasbrook

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		L	Nov. (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Van W. Hasbrook	FULL MAIDEN NAME	Sadia M. Pingree
RESIDENCE	Boise - Idaho	RESIDENCE	Boise - Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	South Dakota
OCCUPATION	Attorney	OCCUPATION	

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Collister
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

..... Registrar

Filed 11-28 19..... M S Parker Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the [illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John Wesley Andregg (Name on original certificate) who born (Was born or died) on Nov 3 1913 (Date of event)
in Boise (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
John Wesley Andregg	no name	John Wesley Andregg

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

Supporting Affidavit of a Second Person

State of
County of } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant)

(Street Address, City, State)

Received for filing on by
(Registrar's signature)

814-[redacted]-391

[redacted] BIRTH

[redacted]

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17791

City of Boise

Registration District No. 2 **File No.** 401

No. 412 Grove *St.*

Primary Registration District No. 1004 **Registered No.**

Hospital St Alphonsus

FULL NAME OF CHILD Francis H. Hamstreet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Hamstreet	FULL MAIDEN NAME	Mary Crawley
RESIDENCE	Boise, Idaho	RESIDENCE	Boise. Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maurice Henry Tallman M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise. Idaho.

Filed 11-29 1913 M S [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2/21/89

PLACE OF BIRTH

MAY 21 1969

Form V. S. No. 11-C—20m-3-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

RECEIVED
FEB 13 1969
Bureau of Vital Statistics

State of WASHINGTON } ss.
County of THURSTON

Certificate No 17791
Date Filed June 1, 1968

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for None (Name on Original Certificate) who was Born (Was Born or Died) on November 27, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Sworn Statement (Bible Record, Insurance Policy, Etc.) prepared on June 1, 1968 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Francis H. Hamstreet

Subscribed and sworn to before me this 13th
day of June, 1968.
My Commission Expires June 13, 1969
Notary Public, residing at Woodburn Oregon
My commission expires June 16-1969
(Seal)

X Signed Mary L. Hamstreet
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R.F.D. 1 Box 75 Hubbard Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Thurston

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of August, 1968
Notary Public, residing at Olympia
My commission expires April 2, 1969
(Seal)

Signed H. O. Crowley
(Signature of Any Credible Person Other Than Previous Year)
7401 SE 46 Olympia Wn. 98501
(Street Address, City, State)

FEB 21 1969

343-116-001-296

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

17792

County of Ada

City of Boise

No. 714 McKinley St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No.

Registered No. 402

FULL NAME OF CHILD Forest Warren Culver

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter E. Culver	FULL MAIDEN NAME	Frances Bronson
RESIDENCE	714 McKinley	RESIDENCE	714 McKinley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm N Tukey

Physician (Physician or midwife)

Address Boise Idaho

Filed 11-29 1913 M S Parker Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

APR 27 1973

PLACE OF BIRTH

SEP 29 1972

236-125-001-719

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. 2615 W Idaho

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17793

Registration District No. 2 File No.

Primary Registration District No. 1004 Registered No. 403

FULL NAME OF CHILD Dean Kloepfer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Nov. 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Kloepfer	FULL MAIDEN NAME	Rebecca M. Parkington
RESIDENCE	2615 W Idaho	RESIDENCE	2615 W Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Bricklayer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3-05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N H Hickey

Physician (Physician or midwife)

Address Boise Idaho

Filed 11-29 1913 M S Parker Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

SEP 8 0 1942

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 8 6 1944

296-218-007-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 215, N 12 St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17794

Registration District No. 2 File No. 4

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Alice Yvonne Brown

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female	—		—	yes	Nov 18, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Biron J Brown	FULL MAIDEN NAME	Annie Turner
RESIDENCE	215 N 12 Boise Ida	RESIDENCE	215 N 12 Boise
COLOR	dark	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Pergamus Turkey	BIRTHPLACE	R. I.
OCCUPATION	Art dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Grase

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed 11-29 19 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

70-31-41.

STATE OF IDAHO

213-223-001-168

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
[redacted] VITAL STATISTICS
[redacted] OF BIRTH

17795

County of Ada

City of So Boise

No. Lincoln Ave. near 1st St.

Hospital

Registration District No. 2

Primary Registration District No. 100

File No.

Registered No.

FULL NAME OF CHILD Viola Mabel Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— and —	—	yes	Nov 23rd 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hobart E. Baldwin	Mabel C. Johns
RESIDENCE	So Boise	So. Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	~~New York~~ Neb	New York
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12½ P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.
(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 11/29 1913 M. S. Parker
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 29 1941

FEB 27 1942

242-228-001-491

Form V. S. No. 11-C—2[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ada

City of Boise

No. 8th Grove St.

Hospital De Lamar

Registration District No. 2 File No. 417796

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Maria Subisarreta

Sex of Child F	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth 11 (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Permin Subisarreta / Permin Sugasta	FULL MAIDEN NAME	Antonia Mraiger
RESIDENCE	Owyhee Co	RESIDENCE	Owyhee Co
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Pitting Ex

(Physician or midwife)

Given names added from a supplemental report.

19

Address Falk Bldg

Filed 11-29-1913 M S Parker

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

566-125-001-495

PLACE OF BIRTH

STATE [redacted]
BUREAU OF [redacted]

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

Registration District No. 2

File No. 17797

Primary Registration District No. 100

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	11 23 1913

FATHER		MOTHER	
FULL NAME	Harry Woon	FULL MAIDEN NAME	Bonnie Minnia
RESIDENCE	Barbertown	RESIDENCE	Barbertown
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Spain
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pittenger

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salk Bldg

Filed 11-29 1913 M S Parker

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 29 1976

WONN

DUP OF 1913 - 300064

523-229-001-912

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. 822 Wash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 17798

Primary Registration District No. 1004 Registered No.

FULL NAME OF CHILD Estrada

Sex of Child [illegible] Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) Legitimate? Yes Date of Birth 11 (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Miguel Estrada	FULL MAIDEN NAME	Stephana Zabala
RESIDENCE	822 Wash. St	RESIDENCE	822 Wash
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Mexico	BIRTHPLACE	Basco Spain
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Given names added from a supplemental report.

19

Address [illegible]

Filed 11-29 1913 [illegible] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1972

433-215-001-253

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

17799

County of Ada

City of Boise

Registration District No. 2

File No. 409

No. ..... St.

Primary Registration District No. 1004

Registered No. 3

Hospital St Alphonsus

FULL NAME OF CHILD Da

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
F	S	1st	yes	Nov. 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	J. J. McCue	FULL MAIDEN NAME	Atella Betard
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Buffalo N.Y.	BIRTHPLACE	Maywood. Ill
OCCUPATION	Atty-at-Law	OCCUPATION	housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still born (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. C. Bower

(Physician or Midwife)

Given name added from a supplemental report

..... 19....

Address .....

Filed 11-24 1913 M S Parker

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

No.

893-110-001-832

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Ada

City of

No. Valley Rd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 1-C-1[illegible]

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 17800

Primary Registration District No. 2001

Registered No. 37

FULL NAME OF CHILD John Lloyd Hill

Sex of Child Male

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? yes

Date of Birth Oct (Month) 10 (Day) 1913 (Year)

FATHER

FULL NAME Robert Hill

RESIDENCE Riverside Valley Rd

COLOR W

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Arkansas

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ella McKinney Hill

RESIDENCE Riverside Valley Rd

COLOR W

AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Arkansas

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Springer M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed 11-7 1913

M S Parker

Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 14/11 17800

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Unnamed Hill (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 10-10-13 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Hill	John Lloyd Hill

Subscribed and sworn to before me this 17th
day of January, 1942

Notary Public, residing at Boise, Idaho
My commission expires June 6, 1944
(SEAL)

Signed [signature]
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

[signature]
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....
My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a [illegible] must be made for each and the number of each, in order of birth [illegible]

City of Boise

No. Maur Cole School

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 17801

Registered No. 38

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	—		—	yes	10 (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. M. Farkner	FULL MAIDEN NAME	Effie Tallman
RESIDENCE	Morris Hill Boise	RESIDENCE	Morris Hill Boise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Transfer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Callaway

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Boise Idaho

Filed 11 — 17 1913 M. S. Parker Registrar

Registrar

S-Y CO. 20174

[redacted]

AUG 1 4 1975

-129-00H65

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. Rural #2 Bench

Hospital

Form V. S. No. 11-C—10

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8

File No. 17802

Primary Registration District No. 2004

Registered No. 39

FULL NAME OF CHILD Delton Irish

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	yes	Oct 29, 191 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newton Irish	FULL MAIDEN NAME	Minnie Jones
RESIDENCE	Boise Rural # 2.	RESIDENCE	Boise Rural # 2.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	N. Y	BIRTHPLACE	Ill
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glase

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 11-17 193 M S Parker

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 17 1946

SEP 4 1957

137-105-001-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17803

County of Ada

City of Boise

No. Boise Rural #1 St.

Registration District No. 8 File No.

Primary Registration District No. 2084 Registered No. 40

Hospital

FULL NAME OF CHILD Clinton Edwin Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Nov 5 1931

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin Beaumont Atkinson	Luella Howard
RESIDENCE	Boise Rural #1	Boise Rural #1
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Pa	Kansas
OCCUPATION	Glass worker	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. R. Glass

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 11-17 1931 M S Parker

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

AUG 17 195
FEB 4 1965

236-111-001-253

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

County of Ada

City of Boise

No. Bench St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 8 File No. 17804

Primary Registration District No. 2004 Registered No. 41

FULL NAME OF CHILD Wayne Gerald Statler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
male	—		—	yes	Oct 11 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Statler	FULL MAIDEN NAME	Harriet Kelley
RESIDENCE	Bench	RESIDENCE	Bench
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:45 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glaze

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-17 1913 M. L. Parker

Registrar

BYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

165-222
201-367

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. R. F. D. #2 St.

Hospital Lamberton Add.

Registration District No. 8

Primary Registration District No. 2004

File No. 17805

Registered No. 4V

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	\		\	Yes	Oct. (Month) 22 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Griffith Jones	FULL MAIDEN NAME	Ortha Cox
RESIDENCE	Lamberton Add.	RESIDENCE	Lamberton Add
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Indiana
OCCUPATION	Janitor	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Tukey

Physician (Physician or midwife)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed 11-17 1913 M S Parker

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

236-211-001-236

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-18

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Rural Rt 2 Bench St.

Registration District No. 8 File No. 17806

Primary Registration District No. 2004 Registered No. 43

Hospital

FULL NAME OF CHILD MAUDE LUCILLE STOVER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Nov 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel D. Stover	Kitty B. Stone
RESIDENCE	Bench Rural 2	Bench Rural 2
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Pa	Tex.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 9 M. on the date above stated.

(Signature) R. L. Blasse

(Physician or Midwife)

Address

Filed 11-17 1913 M. S. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 17806

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed child (Name on Original Certificate) who was born (Was Born or Died) on November 11, 1913 (Date of Event)
in R#2, Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on April 1, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Maude Lucille Stover

Subscribed and sworn to before me this 10th
day of April, 1942.

Notary Public, residing at ~~Nampa,~~ Idaho

My commission expires November 25, 1945
(Seal)

Signed Daniel I Stover Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1304-4th St. No., Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of April, 1942.

Notary Public, residing at Nampa, Idaho

My commission expires November 25, 1945
(Seal)

Signed Hettie B. Stover Mother
(Signature of Any Credible Person Other Than Previous Year)

1304-4th St. No., Nampa, Idaho
(Street Address, City, State)

APR 21 1962

319-[illegible]01-154

[illegible]

[illegible]

STATE O[illegible]
BUREAU OF VIT[illegible]

CERTIFICATE OF BIRTH

City of 3 mi W. of Boise

No. Brose Subdivision St.

Hospital

Registration District No. 8

Primary Registration District No. 2004

File No. 17807

Registered No. 44

FULL NAME OF CHILD ANNE PATRICIA LARSEN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Nov (Month) 10th (Day) 19[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	E. G. Larsen	FULL MAIDEN NAME	Anna L. Andersen
RESIDENCE	Brose Tract - 3 mi. W. of Boise	RESIDENCE	Brose Tract
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Denmark
OCCUPATION	Cement worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor

M.D. (Physician or midwife)

Given names added from a supplemental report

19

Address Boise Idaho

Filed 11/24 1913

M S Parker
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles, } ss.

Certificate No. 17807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Anne Patricia Larsen (Name on Original Certificate) who was born (Was Born or Died) on November 10, 1915 (Date of Event)
in Boise, Ada Co., Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 1, 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Anne Patricia Larsen
Date	Nov. 11th	Nov. 10, 1915

Subscribed and sworn to before me this 5th
day of September, 1942.

E. K. Nichols

Notary Public, residing at Willowbrook, Calif.

My commission expires January 17, 1943.
(Seal)

Signed Anne Louise Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, or coroner if correcting a death record; or other credible person.)

2114 Nord Street,
Willowbrook, California.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Los Angeles, } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of September, 1942.

E. K. Nichols

Notary Public, residing at 1701 E. 150th Street, Willowbrook, California.

My commission expires January 17, 1943.
(Seal)

Signed Elmer C. Larsen
(Signature of Any Credible Person Other Than Previous Year)

2114 Nord Street,
(Street Address, City, State)

SEP 10 1942

294-220-001-855

[redacted] OF BIRTH

Form V. S. No. 11-C—15m-6-20-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

17808

[redacted] Ada

City of — Registration District No. 8 File No.

No. —, St.

Primary Registration District No. 2004 Registered No. 40

Hospital —

FULL NAME OF CHILD Gladis Irene [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child: female	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth: Nov. (Month) 20 (Day) 19 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Brush	Nora E. Hyrum
RESIDENCE	Boise R. D. 4	Boise
COLOR / AGE AT LAST BIRTHDAY	White / 41 (Years)	White / 21 (Years)
BIRTHPLACE	Mo-	Neb-Hayes Co-
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth: first child Number of children, of this mother, now living, including present birth: —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 20 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo P. Haley

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address —

Filed 11-28 19 3 M S Parker

S-Y CO., 16670 Registrar Registrar

NOV 13 1969

465 [illegible] 01-663

[illegible]

Form V[illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of

No. , St.

Hospital

Registration District No. 8 File No. 17809

Primary Registration District No. 2004 Registered No. 46

FULL NAME OF CHILD

Sex of Child	~~Twin, Triplet,~~ or other?	and Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)	3	Yes	11 (Month), 21 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Marcus M. Monroe	FULL MAIDEN NAME	Lena M. Follett
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ark.	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housekpr

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who w[illegible] born alive (Born alive or stillborn), at noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., shou[illegible] make this return. A stillborn child is one th[illegible] neither breathes nor shows other evidence of [illegible] after birth.

(Signature) J. E. Froom

(Physician or Midwife)

Given names [illegible]

[illegible] 11-28 1913 M S Parker

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

433-131-001-643

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-[illegible]

STAT[redacted]O

Bureau of [illegible]tics

CERTIFIC[redacted]IRTH

17810

County of Ada

City of

Registration District No. 8

File No. 47

No. Hulls Gulch St.

Primary Registration District No. 2004

Registered No.

Hospital

FULL NAME OF CHILD Lester McConnell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Oct. 31, 1913

FATHER

FULL NAME Corlin D McConnell

RESIDENCE Weiser Ida

COLOR W. AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Indiana

OCCUPATION Plumber

MOTHER

FULL MAIDEN NAME Hazel Fuller

RESIDENCE Weiser

COLOR W. AGE AT LAST BIRTHDAY 17 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Halverson M. D.

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 11-29 19 3 M. S. Parker

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

315-109-016-212

Form V. S. No. 11-0

[redacted]GE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of CASSIA

City of Elba

No. ✓ St.

Hospital ✓

Registration District No. 119

File No. 17811

Primary Registration District No.

Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin and	Twin and	Yes	10 (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	JOSEPH SAVAGE	FULL MAIDEN NAME	JANNIE ANGELINE BABBITT
RESIDENCE	ELBA	RESIDENCE	ELBA
COLOR	WHITE	COLOR	WHITE
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	UTAH	BIRTHPLACE	UTAH
OCCUPATION	FARMER	OCCUPATION	HOUSEWIFE

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address MALTA, IDAHO

C. I. Sater
Registrar

Filed Oct 19 13
Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAR 7 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

[redacted] OF BIRTH

County of [redacted] Kings

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 87 File No. 17812

Primary Registration District No. 2154 Registered No.

FULL NAME OF CHILD CRISTIAN RETA OLIVE WILLIAMS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hamer oren Williams	FULL MAIDEN NAME	Virginia Rebecka Caldwell
RESIDENCE	Midvale Ida	RESIDENCE	Midvale Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt

M D (Physician or midwife)

Given names added from a supplemental report.

19

Address Midvale Idaho

Filed Dec 13 1913 F A Schmidt Registrar

Registrar

S-Y CO. 24655

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 17812

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was (Was Born or Died) on Dec. 13/1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Cristian Rieta Olive Williams

Subscribed and sworn to before me this 6th
day of April, 1942.

J. W. Goodnight

Notary Public, residing at Midvale Idaho

My commission expires May 10 1944
(Seal)

Signed Rebecca Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Midvale Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of April, 1942.

J. W. Goodnight

Notary Public, residing at Midvale Idaho

My commission expires May 10 1944
(Seal)

Signed Pearl Gollier
(Signature of Any Credible Person Other Than Previous Year)

Midvale Idaho
(Street Address, City, State)

842-716-044-363

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meridale

No. ..... St.

Hospital .....

Registration District No. 87 File No. 17813

Primary Registration District No. 2154 Registered No. .....

FULL NAME OF CHILD WALTER LeROY HUBBARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 16 1913

FATHER		MOTHER	
FULL NAME	Ralph Watt Hubbard	FULL MAIDEN NAME	Lela Myrtle Collier
RESIDENCE	Meridale Idaho	RESIDENCE	Meridale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wm	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:4 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fas Schmidt

MD

(Physician or midwife)

Address Meridale Idaho

Given names added from a supplemental report.

..... 19.....

Filed Dec 16 1913 Fas Schmidt

..... Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 17813
County of Okanogan } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who born (Was Born or Died) on December 18, 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Walter LeRoy Hubbard

The name had not been decided on at time the doctor left and was decided on after Doctor Schmitz filed the certificate.

Subscribed and sworn to before me this 9th
day of July, 1942
H A Davis
Notary Public, residing at Okanogan
My commission expires May 4, 1944
(Seal)

Signed Ralph W. Hubbard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Father
Okanogan, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Okanogan }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of July, 1942
H A Davis
Notary Public, residing at Okanogan
My commission expires May 4, 1944
(Seal)

Signed Lela M. Hubbard
(Signature of Any Credible Person Other Than Previous Year) Mother
Okanogan, Wash.
(Street Address, City, State)

JUL 13 1942

JUL - 4

432-[illegible]-263

PLAC[illegible]

Form V. S. No. [illegible]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Owyhee

City of Grand View

Registration District No. _____ File No. 17814

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 6

Hospital _____

FULL NAME OF CHILD Clayton Earl McKeeth

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	Nov. (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. Ross McKeeth	FULL MAIDEN NAME	Ethel Berenice Bolen
RESIDENCE	Grand View, Ida.	RESIDENCE	Grand View, Ida.
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Galesville, Wis.	BIRTHPLACE	Elmira Minn.
OCCUPATION	Rancher	OCCUPATION	Rancher's wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George R. Proctor

Physician (Physician or Midwife)

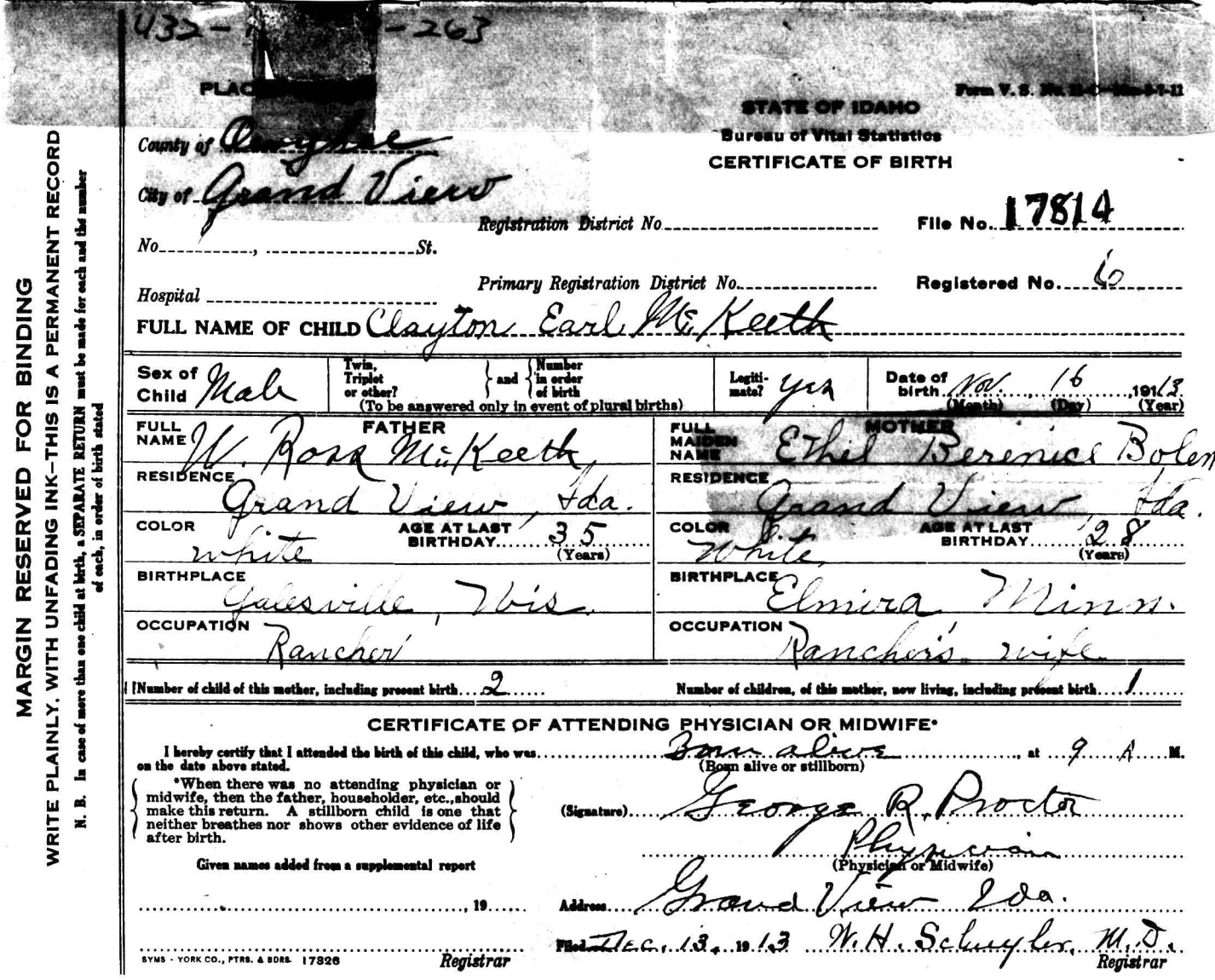
Given names added from a supplemental report

_____, 19____

Address Grand View Ida.

Filed Dec. 13, 1913 W. H. Schuyler, M.D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

625-127-037-351

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. ..... St.

Hospital .....

Registration District No. 43 File No. 17815

Primary Registration District No. 2120 Registered No. 5

FULL NAME OF CHILD Patrick O'Keefe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David O'Keefe	FULL MAIDEN NAME	Margaret Lealy
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland (Queenstown)
OCCUPATION	Deputy Sheriff	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.
Physician
(Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 28 1913 W. H. Schuyler, M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 19 1961

219-212-037-[illegible]

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No. ..... St.

Hospital .....

Registration District No. 43 File No. 17816

Primary Registration District No. 2120 Registered No. 4

FULL NAME OF CHILD Josephine Barriatua

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Domingo Barriatua	FULL MAIDEN NAME	Tradara Basterrigua
RESIDENCE	Silver City, Idaho	RESIDENCE	Silver City, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheep-herder	OCCUPATION	House-wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Schuyler, M.D.

Physician (Physician or midwife)

Address Silver City, Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 12 1913 W. H. Schuyler, M.D. Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Kimberly District No. 36 17817

No. [illegible]

Primary Registration District No. 2084

Hospital

FULL NAME OF CHILD Myrtle Melva Silvero

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	✓	2nd	yes	Dec. 1 1913 (Month) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bert Silvero	FULL MAIDEN NAME	Edna Brown
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebraska	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J White

Kimberly

(Physician or midwife)

Given names added from a supplemental report.

Address Kimberly, Idaho

19

Filed Dec. 12 1913 John J White

Registrar Registrar

S-Y CO. 24686

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF

AUG 14 1953

962-[illegible]-042-[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 36 File No. 17818

No. ..... St.

Primary Registration District No. 2084 Registered No. .....

Hospital .....

FULL NAME OF CHILD JOHN Philip Rose

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		3	Yes	Nov. 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bruce E. Rose	FULL MAIDEN NAME	Ada Harris
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Illinois	BIRTHPLACE	Nebraska
OCCUPATION	Mail carrier	OCCUPATION	H Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Kimberly

Filed Nov. 2 1913 John J Whyte
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/8/41 L. D.

RECEIVED

MAY 4 194

A F F I D A V I T

I, Bruce E. Rose, hereby certify that I am the father of Philip Rose, born at Hansen, Idaho, November 1, 1913, and who's mother was Ada Harris. Also the full name of the above child should read John Philip Rose.

Bruce E Rose

Bruce E. Rose, father

Subscribed and sworn to before me this 26th, day of April, 1941.

George I Howard

Notary Public in and for the State of Washington residing at Yakima.

My commission expires 3/12/44.

445-104-042-386

PLACE OF BIRTH

Form V. S. No. 11-C—20[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 36 File No. 17819

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	2	1	Yes	Nov. 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milton Dunn	FULL MAIDEN NAME	Amy Thompson
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Kansas	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician ~~or midwife~~)

Address Kimberly, Idaho

Filed Nov. 5 1913 John J Whyte
Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 1968

Amended July 30, 1952

PLACE OF BIRTH

295-219-040-459

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 123 File No. 17820

Hospital ..... Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD ALICE IONA KINDSVATER
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.				yes	Nov. 19, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Henry Kindsvater	FULL MAIDEN NAME	Lydia Deines
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	farmer	OCCUPATION	housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason, M.D.

(Physician or midwife)

Address Kellogg

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Dec. 9 1913 Geo. S. Lesher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 17820
County of Shoshone } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Alice Iona Kindsvater (Birth or Death)
for Alice Iona Kindsvater (Name on Original Certificate) who Nov. 19, 1913 (Was Born or Died) on was born (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by marriage license (Bible Record, Insurance Policy, Etc.) prepared on July 31, 1904 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Lyda Dives	Lydia Deines
Parent's birthplace	Germany	Russia
		H Kindsvater

Subscribed and sworn to before me this 17th day of July, 1952

[illegible]

Notary Public, residing at Kellogg, Idaho
My commission expires April 13, 1956
(Seal)

Signed Lydia Kindsvater
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
JUN 1952
DIVISION OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Shoshone } ss.

Certificate No. 17820

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
surname	Kinfather	Kindsvater

Subscribed and sworn to before me this 10th
day of June, 1952

Stella Brown
Notary Public, residing at Kellogg, Idaho
My commission expires Apr. 13, 1956.
(Seal)

Signed E. R. Kindsvater, M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kellogg, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Shoshone } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th
day of June, 1952

Stella Brown
Notary Public, residing at Kellogg, Idaho,
My commission expires April 13, 1956
(Seal)

Signed Henry Kindsvater
(Signature of Any Credible Person Other Than Previous Year)

Smeltenville, Idaho.
(Street Address, City, State)

412-117-040-466

Form V. S. No. 11-C

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17821

Registration District No. 123 File No. 24

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Wayne Massey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	0		1	Yes	Nov 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James G. Massey	FULL MAIDEN NAME	Anten Moore
RESIDENCE	Wardner	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason. M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed Dec 9 1913 Geo. S. Lesher
Registrar

Registrar

S-Y CO. 24655

JUN 3 0 1975

128-115-040-213

Form V. S. No. [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 123

File No. 2317822

No. ..... St.

Primary Registration District No. 2201

Registered No. .....

Hospital .....

FULL NAME OF CHILD Franklin Bentley Ashby

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M			1	Yes	Nov 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank S. Ashby	FULL MAIDEN NAME	Glen Bellows
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11:40 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kellogg

Filed Dec 9 1913 Geo. S. Lesher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. Certificate No. 17822

County of Lewis } Date Filed Mar. 15, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Franklin Bentley Ashby (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Nov. 15, 1913 (DATE OF EVENT) in Wardner Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family & School Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Various Dates in Past (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Ashley	Ashby

Subscribed and sworn to before me this ..... day of MAR 1 1943 19 .....

G. Winsberg

Notary Public, residing at Morton Wash.

My commission expires 2-7-46

(SEAL)

Signed Mrs Glen Mathew (MOTHER)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Mor[illegible]

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of MAR 1 1943 19 .....

G. Winsberg

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed Chas Mathew

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 1 9 1943 By .....

(REGISTRAR'S SIGNATURE)

JAN 22 1951

142-210-040-279

Form V. [illegible]

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17823

Registration District No. 123 File No. 22

Primary Registration District No. 2201 Registered No. 22

FULL NAME OF CHILD Mayo Odette Austin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	0		1	yes	Nov 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Thomas Austin	FULL MAIDEN NAME	Lillian Edith Spiva
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	N. C.	BIRTHPLACE	N. C.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason, M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kellogg.

Filed Dec 9 1913 Geo. S. Lesher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

CERTIFICATE OF BIRTH

955-204-040-243

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17824

Registration District No. 123 File No. 21

Primary Registration District No. 2201 Registered No. 97

FULL NAME OF CHILD Mary Luceal Reem.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	0	2	Yes	11 (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James J. Reem	FULL MAIDEN NAME	Mary L. Benchley
RESIDENCE	Kellogg.	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Grocery Clerk	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Kellogg

Filed Dec 9 1913 Geo. S. Lesher Registrar

S-Y CO. 24655

OCT 9 1974

759-214-040-[illegible]

Form V. S. No. 11-C—20m-2-[illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17825

Registration District No. 123 File No. 20

Primary Registration District No. 2201 Registered No. [illegible]

FULL NAME OF CHILD Dorina Ruth Perry.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	0	1	yes	Aug (Month) 14 (Day) 19[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William A. Perry	FULL MAIDEN NAME	Eleonora Schmidt
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wis	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Kellogg

Filed Dec 9 1913 Geo. S Lesher Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

689-211-028-8

Form V. S. No. 11-C—25m-1-1-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17826

County of Kootenai

City of Cataldo

Registration District No. 123

File No. 19

No. ..... St.

Primary Registration District No. 2201

Registered No. [illegible]

Hospital .....

FULL NAME OF CHILD Dorothy Mae Whiteman

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	0		2	yes	9 (Month) 11 (Day) 191[illegible] (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Francis Henry Whiteman	FULL MAIDEN NAME	Ella May Hughes
RESIDENCE	Cataldo Ida	RESIDENCE	Cataldo Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	England	BIRTHPLACE	Mich
OCCUPATION	Lumberman	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Kellogg

Filed Dec 9 1913 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1942

MAR 2 1942

[redacted]

562-121-040-269

Form V. S. No. 11-C—25m-1-1-13

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17827

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. _____ St.

Hospital _____

Registration District No. 123

Primary Registration District No. 2201

File No. 18

Registered No. _____

FULL NAME OF CHILD Kenneth Edmund Noble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	L	9 21 1913

FATHER

FULL NAME J. Harvey Noble

RESIDENCE Kellogg

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Pa

OCCUPATION Mine Mgr

MOTHER

FULL MAIDEN NAME Leona Switzer

RESIDENCE Kellogg

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Montana

OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Meeson M.D.

(Physician or midwife)

Address Kellogg

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 9 1913 Geo. J. Lesher Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

556-21-040-243

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17828
Local Reg. No.
Reg. Dist. No. 123

Amended 11/18/75

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wardner
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wardner
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Nuna
b. (Middle): Arminda
c. (Last): Newsome

4. SEX: F

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Sept. (Day) 11, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle): I.
c. (Last): Newsome

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Wis.

10. USUAL OCCUPATION: Clothing Merchant

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle): May
c. (Last): Sullivan

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minn.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Kellogg

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec 9, 1913

22. REGISTRAR'S SIGNATURE: Geo. S. Lesher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS ____ OZS. 10 PM

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Second: BLACK ink of BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS
NOV 13 10 41 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 17828

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ninia Armelia Neusome (Name on Original Certificate) who was born (Was Born or Died) on Sept. 11, 1913 (Date of Event) in Warden, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record, baptismal & high School (Bible Record, Insurance Policy, Etc.) prepared on TrueCopies made on Nov. 5, 1975 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Ninia Armelia Neusome	Nuna Arminda Newsome
father's last name	Neusome	Newsome
Town	Warden, Idaho	Wardner, Idaho

Subscribed and sworn to before me this 10 day of November, 1975

Notary Public, residing at Ephrata

My commission expires 3-28-79

(Seal)

Signed Nuna A. Steinmetz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 3192 Wardner, Ida. 83831
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of November, 1975

Notary Public, residing at Ephrata

My commission expires 3-28-1977

(Seal)

Signed .....
(Signature of Any Credible Person)

Box 3192 Wardner, Ida. 83831
(Street Address, City, State)

FORM DH 60-155 CL 10/23/75

Letter from Kellogg Senior High school, Kellogg, Idaho gives name as Nuna Arminda Newsome born Sept. 11, 1913. enterd Kellogg H.S. on Sept. 6, 1927 and graduated on May 26, 1931. viewed by V. S.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
copy of papge from the Family Bible record gives name as Nuna Arminda born Sept. 11, 1913. viewed by V. S.

=

Baptisms line ~~126~~ 134 gives name as Nuna Arminda Newsome daughter of George Irving Newsome and Nellie May Newsome. born Sept. 11, 1913. Baptized Oct. 29, 1913. viewed by V. S. birthplace given as Wardner.

649-225-040-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-25-23

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17829

Registration District No. 123 File No. 16

Primary Registration District No. 2201 Registered No. 2

FULL NAME OF CHILD Edna Annetta Fuzzi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	0	1	Yes	9 25 1913

	FATHER	MOTHER
FULL NAME	William Fuzzi	FULL MAIDEN NAME Alice Russell
RESIDENCE	Wardner	Wardner
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	England	England
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) G. R. Mason M.D.

(Physician or midwife)

Address Kellogg

Filed Dec 9 1913 Geo. S. Lesher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—22m-2-15-42

STATE OF IDAHO
BUREAU OF PUBLIC STATISTICS

CERTIFICATE OF BIRTH

SEP 3 1942

File No.

PLACE OF BIRTH

County of

165-126-040-847

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17830

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 15

No. ..... St.

Primary Registration District No. 2201 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Watkin Jones

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	O	1	Yes	Oct 26 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: William Robert Jones	FULL MAIDEN NAME: Martha Hughes
RESIDENCE: Kellogg	RESIDENCE: Kellogg
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Mines	BIRTHPLACE: England
OCCUPATION: England	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) J. R. Mason M.D.

(Physician or midwife)

Address Kellogg, Ida.

Filed Dec 9 1913 Geo. S. Lesher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued 2-6-1941. dp

NOV 24 1975

113-118-040-144

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 17831

Registration District No. 123 File No. 14

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Elvin Marin Jacobson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	0	2	yes	Oct (Month) 18 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hoheim Jacobson	FULL MAIDEN NAME	Magnhild Amundson
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Ida

Filed Dec 9 1913 Geo. S. Lesher Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

869-104-040-816

Form V. S. No. 11-C—20m-2-1[illegible]

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17832

Registration District No. 123 File No. 13

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Rodney Merrill Horn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M	1	L	10 (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robert V. Horn	FULL MAIDEN NAME	Ethel Hawes
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon
OCCUPATION	Watch maker.	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg

Filed Dec 9 1913 Geo. J. Lesher
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]-210-040-[redacted]

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-[redacted]

CERTIFICATE OF BIRTH 17833

Registration District No. 123 File No. 12

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Doris Emilie Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S	1	yes	10 10 1913

FATHER		MOTHER	
FULL NAME	William M. Johnson	FULL MAIDEN NAME	Katherine F. M. Fietz
RESIDENCE	~~Kellogg~~ Wardner	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Musam M. D.
(Physician or midwife)

Address Kellogg Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 9 1913 Geo. S. Leahy
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 2013 X2
FEB 8 1947

453-106-040-468

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17834

Registration District No. 123 File No. 11

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD Edward Harry Metzgar

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	0 (To be answered only in event of plural births)	4	Yes	9 (Month) 6 (Day) 1913 (Year)

FATHER

FULL NAME Charles Metzgar

RESIDENCE Wardner

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Iowa

OCCUPATION Saloon Keeper

MOTHER

FULL MAIDEN NAME Fannie Doyle

RESIDENCE Wardner

COLOR W AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Ireland

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Means M. D.

(Physician or midwife)

Address Kellogg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 9 1913 Geo. S. Lesher

Registrar

..... Registrar

S-Y CO. 20174

OCT 20 1972

278-103-040-695

Form V. S. No. 11-C—20m-[illegible]

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17835

Registration District No. 123 File No. 10

Primary Registration District No. 2201 Registered No. [illegible]

FULL NAME OF CHILD Tony Sphor

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
m	0	1	yes	9 (Month) 3 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Sphor	FULL MAIDEN NAME	Anna Fink
RESIDENCE	Kellogg.	RESIDENCE	Kellogg.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Ida

Filed Dec 9 1913 G. S. Lesher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

215-124-040-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17836

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 123 File No. 9

Primary Registration District No. 2201 Registered No. .....

FULL NAME OF CHILD William John Sandow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	0	1	Yes	8 24 1913

FATHER	MOTHER
FULL NAME: William Sandow	FULL MAIDEN NAME: Rosina Lovell
RESIDENCE: Wardner	RESIDENCE: Wardner
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: England	BIRTHPLACE: England
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

Physician (Physician or midwife)

Address Kellogg, Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 9 1913 Geo. L. Parker Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 27 1958

231-213-040-318

Form V. S. No. 11-C—20m-3-[illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17837

Registration District No. 123 File No. 8

Primary Registration District No. 2201 Registered No. [illegible]

FULL NAME OF CHILD Audrey Bonham Blair

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	0		1	yes	8 (Month) 13 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bernie Blair	FULL MAIDEN NAME	Nannie Bell Taylor
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wis	BIRTHPLACE	Missouri
OCCUPATION	Painter	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. R. Mason
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Ida

Filed Dec 9 1913 Geo. S Lesher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 17 1942

955-223-040-381 (Be sure the information is complete and accurate)
Amended 9-20-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17838
Local Reg. No.
Reg. Dist. No. 123

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Kellogg
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Dorothy
b. (Middle): Phyllis
c. (Last): Reedy

4. SEX: F.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 8 - 23 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Mike
b. (Middle):
c. (Last): Reedy

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Canada
10. USUAL OCCUPATION: Grocery Clerk
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Sylvia
b. (Middle):
c. (Last): Thayer

13. AGE (At time of this birth): 24 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wash.
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: T. R. Mason
19. ADDRESS: Kellogg, Idaho
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 9, 1913
22. REGISTRAR'S SIGNATURE: Geo. S. Lesher
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

OR BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend the Original Certificate of Birth or Death

RECEIVED
AUG 18 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Shoshone

Certificate No. 17838

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dorthy Phillis Reedy (Name on Original Certificate) who was born (Was Born or Died) on Aug. 23, 1913 (Date of Event)
in Kellogg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Dorthy Phillis Reedy	Dorothy Phyllis Reedy
Full Maiden Name of Mother	Silvia Thair	Sylvia Thayer

Subscribed and sworn to before me this 14 day of August, 1967

Notary Public, residing at Wallace, Idaho
My commission expires 9/2/67
(Seal)

Signed Dorothy Phyllis Reedy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 345 Osburn, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of August, 1967

Notary Public, residing at Wallace, Idaho
My commission expires 9/2/69
(Seal)

Signed Sylvia Reedy
(Signature of Any Credible Person)

Box 345 Osburn, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5-3-67. one copy pd. rec. #11274. Total of 2 copies pd.
one copy pd. rec. #19065.

Child's Birth Cert. on file: (Idaho Birth) #312779 gives full maiden name of mother as Dorothy Phyllis Reedy - viewed by V.S.

Child's Birth Cert. on file: (Idaho Birth) #419326 gives full maiden name of mother as Dorothy Phyllis Reedy - viewed by V.S.

School Record, Joint School District 391, Kellogg, Idaho, entered High School Sept. 6, 1921 gives full name as ~~Dorothy~~ Phyllis Dorothy Reedy born Aug. 23, 1913 at Kellogg, Idaho to Mike and Sylvia Reedy - viewed by V.S.

213-230-040-551

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17839

Registration District No. 123 File No. 6

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ellen Leona Salmon

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Nov. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick Darrell Salmon	FULL MAIDEN NAME	Myrtle Eva
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Cornwall, Eng.	BIRTHPLACE	Cornwall, Eng.
OCCUPATION	Machinist	OCCUPATION	House-wife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.55 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McTrachin
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kellogg Idaho

Filed Dec 7th 1913 Geo. S. Lesher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

719-202-040-289

Form V. S. No. 11-C—20m

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17840

Registration District No. 123 File No. 5

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaret Parks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Sept 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel Wilbert Parks	FULL MAIDEN NAME	Bessie May ~~Park~~ Chipman (M.E.)
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Dec 7th 1913 Geo. S. Lesher Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

296-223-040-299

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1784

Registration District No. 123 File No. 4

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Evelyn Brown

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	August 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Thomas Brown	FULL MAIDEN NAME	Opal Bircher
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kentucky (Died May 2, 1913. Acute Lobar Pneumonia)	BIRTHPLACE	Idaho
OCCUPATION	Miner	OCCUPATION	House-wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Idaho

Filed Dec 7th 1913 Geo. S. Lesher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11-C—Rev-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

395-214-040-813

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17842

County of Shoshone

City of Kellogg — Registration District No. 123 — File No. 3

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital Wardner

FULL NAME OF CHILD Lillian Ingeborg Lien

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	\	\	\	Yes.	August 14, 1913

FATHER		MOTHER	
FULL NAME	Edward Lien	FULL MAIDEN NAME	Inga S. Halen
RESIDENCE	Kellogg, Idaho.	RESIDENCE	Kellogg, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Plumber	OCCUPATION	Home - wife

Number of child of this mother, including present birth One — Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. M[illegible]
M. D.
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 9th 1913 Geo. S. Leahey
Registrar

.....
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Certified Copy issued Nov. 18, 1940. E.W.

569-103-040-885

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17843

County of Shoshone

City of Kellogg Idaho

Registration District No. 127

File No. 2

No. ..... St.

Primary Registration District No. .....

Registered No. 2

Hospital Wardner

FULL NAME OF CHILD Theodore William Voightlander

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	\		\	Yes.	August 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick William Voightlander	FULL MAIDEN NAME	Fanny Maude Hynds
RESIDENCE	Wardner, Idaho	RESIDENCE	Wardner, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Missouri
OCCUPATION	Clerk	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D McCrackin

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Kellogg, Idaho

Filed Dec 7 1913 Geo. S. Lesher Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B., In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913- 331288

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of [redacted]

[redacted] No. 11-C—20m [redacted]

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Kellogg

295-205-640-492 Registration District No. 123 File No. 17844

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Adella ~~Sivra~~ SIVARA

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		2	L	Dec 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Andrew ~~Sivra~~ SIVARA	FULL MAIDEN NAME	Amelia ~~Misecrka~~ MISECKA
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	~~32~~ 32 (Years)
BIRTHPLACE	Austria Hungary	BIRTHPLACE	Austria Hungary
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S Lesher

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg

Filed Dec 6 1913 Geo S Lesher

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of Shoshone

Certificate No. 17844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for ADELLA SIVARA (Name on Original Certificate) who WAS BORN (Was Born or Died) on December 5, 1913 (Date of Event)
in Kellogg, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Sevra	Sivara
Mother's name	Misecrka	Meseska (Misecka)

Subscribed and sworn to before me this 29th day of August, 1942
A. W. Dolphin
Notary Public, residing at Spokane
My commission expires May 1, 1943
(Seal)

Signed Mrs. Sam Mandic
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 5, Spokane, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of August, 1942
A. W. Dolphin
Notary Public, residing at Spokane
My commission expires May 1, 1943
(Seal)

Signed Mrs. Sam Mandic
(Signature of Any Credible Person Other Than Previous Year)
Route 5, Spokane, Washington
(Street Address, City, State)

SEP 8 1942

493-131-001-962

No. 11-C—20m-2-15

PLACE OF BIRTH

County of Ada

City of Eagle

No. ..... St.

Hospital .....

Registration District No. 10th

Primary Registration District No. 2002

F[illegible] 845

Reg[illegible] No. 4

FULL NAME OF CHILD Fred Julius Miller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	July 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jesse H Miller	FULL MAIDEN NAME	Martha D Rosti
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed Aug 20 1913 O E Bloom M D

Registrar

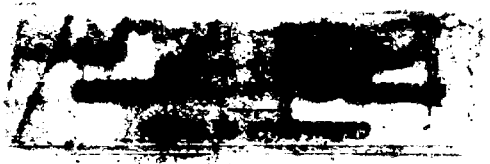
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



141-225-021-292

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital Home

Registration District No. 27

Primary Registration District No. 2119

File No. 17846

Registered No. 157

FULL NAME OF CHILD Mildred Adams

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Nov. 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Adams	FULL MAIDEN NAME	Leuvenia Mayne Bishop
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairview Idaho	BIRTHPLACE	Murry Utah
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4.24 a.m. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Franklin Co. Ida.

Filed 12-8-1913 Allen R. Deeter

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 2 0 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Riverdale

Registration District No. ~~18~~ 27 File No. 17847

No. ..... St.

Primary Registration District No. 2119 Registered No. 155

Hospital home

FULL NAME OF CHILD Legrand Evans Neeley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	April 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leslie A. Neeley	FULL MAIDEN NAME	Mary Evens
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Franklin	BIRTHPLACE	Logan City
OCCUPATION	Farmer	OCCUPATION	home keeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or midwife~~), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen Preston (~~Physician or~~ midwife)

Given names added from a supplemental report

..... 19.....

Address Fanny McQueen Preston

Filed 12-8- 1913 Allen R Cutler Registrar

Registrar

8-Y CO. 20174

Form V. S. No. 1)-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

County of Franklin

City of Preston

Registration District No. ~~18~~ 27

File No. 17848

No. ..... St.

Primary Registration District No. 2119

Registered No. 154

Hospital home

SIM , FRED

FULL NAME OF CHILD Fredrick Sim. Weeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	April (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Weeks	FULL MAIDEN NAME	Ida Smith
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	England	BIRTHPLACE	Morgan, Utah.
OCCUPATION	Laborer	OCCUPATION	home builder

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A M. on the date above stated.

(Born alive or [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

([redacted] midwife)

Given names added from a supplemental report

..... 19.....

Address Fanny McQueen Preston

Filed 12-8- 1913

Allen R Carter
Registrar

Registrar

R-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 17348

County of Bingham } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Frederick Sim Weeks (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on April 11, 1913 (DATE OF EVENT)

in Preston, Idaho (PLACE OF EVENT) are ~~erroneous or~~ correct were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Fredrick Sim	Sim Fred Weeks
Frederick Sim Weeks		

Subscribed and sworn to before me this 7th day of January, 1943, 19

P. A. Fingate

Notary Public, residing at Aberdeen, Idaho

My commission expires Oct. 7, 1945

(SEAL)

Signed Ida Smith Weeks

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Aberdeen, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.

County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 12 1943

JUN 17 1953

NOV 9 1973

713-18-021-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Franklin

City of Riverdale

No. ..... St.

Hospital at home

Form V. S. No. 11-0

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 27 File No. 17849

Primary Registration District No. 2119 Registered No. 153

FULL NAME OF CHILD Rex Smith Packer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	May 18 1913

FATHER		MOTHER	
FULL NAME	Lewis Meeham Packer	FULL MAIDEN NAME	Matilda Smith
RESIDENCE	Riverdale	RESIDENCE	Riverdale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Riverdale	BIRTHPLACE	Riverdale
OCCUPATION	Farmer	OCCUPATION	Home keeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(Physician or midwife)

Address Fanny McQueen Preston

Given names added from a supplemental report

..... 19.....

Filed 12-8- 19 13 Allen R Curtis

..... Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO

CERTIFICATE OF BIRTH

No.

265-223-021-619

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital home

Registration District No. 27

File No. 17850

Primary Registration District No. 2119

Registered No. 156

FULL NAME OF CHILD Eulalia Mae Condie

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		yes	Oct (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Gibson R Condie	FULL MAIDEN NAME	Ettie Ann Warrick
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	home keeper

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6:20 a. M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19.....

Address Preston Franklin Co Idaho

Filed 12-8-1913 Albert R Cull

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

[illegible] OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. — St.

Hospital —

Registration District No. 27

Primary Registration District No. 2119

File No. 17851

Registered No. 152

FULL NAME OF CHILD Blanche Lucile Larsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			May 19 1913

FATHER		MOTHER	
FULL NAME	Mahonary Larsen	FULL MAIDEN NAME	Adell Keller
RESIDENCE	Mink Creek Idaho	RESIDENCE	Mink Creek Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Monroe Sevier Co	BIRTHPLACE	Mink Creek
OCCUPATION	Farmer	OCCUPATION	Haure Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born may 19~~ alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. N. Rasmussen

Mid Wife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address ~~Mrs. N. Rasmussen~~ Preston

Filed 12-8-1913 Mink Creek Idaho

Allen R Cutler Registrar

Registrar

S-Y CO. 24655

[redacted]

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

Certificate No. 17851

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for (NAME ON ORIGINAL CERTIFICATE) who was born on May 16 1913 (DATE OF EVENT) in Mink Creek, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Blanche Lucile Larsen

Subscribed and sworn to before me this 7th day of December, 19 42

Notary Public, residing at Preston, Idaho

My commission expires 12-17-44

(SEAL)

Signed Mrs Adele K [illegible]

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 19 42

Notary Public, residing at Preston, Idaho

My commission expires 12-17-44

(SEAL)

Signed Mary Ramsumm

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Preston, Ida.

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

DEC 11 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin

CERTIFICATE OF BIRTH

City of Franklin

Registration District No. 27

File No. 17852

No. ..... St.

Primary Registration District No. 2119

Registered No. 165

Hospital

FULL NAME OF CHILD George Hill.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes.	Nov 29 1913

FATHER		MOTHER	
FULL NAME	George Hill	FULL MAIDEN NAME	Lissie Nash
RESIDENCE	American Falls, Ida	RESIDENCE	American Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Salt Lake City Ut	BIRTHPLACE	Franklin Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. Hillcrest

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Franklin Ida.

Filed Dec. 5 1913 Allen R. Crabtree Registrar

Registrar

8-Y CO. 20174

OCT 14 1971

693-22-021-381

PLACE OF BIRTH

AMENDED - FEBRUARY 10, 1950

County of Franklin

City of Franklin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 17853

Primary Registration District No. 2119 Registered No. 164

FULL NAME OF CHILD Anna Wilson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Nov. 27 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Wallace Wilson	FULL MAIDEN NAME: Bertha Chadwick
RESIDENCE: Franklin, Idaho	RESIDENCE: Franklin, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Arizona	BIRTHPLACE: Whitney, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewiff

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) W. B. Secrest

Physician
(Physician or midwife)

Address Franklin, Idaho

Filed 1925 Albert Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Alameda }

Certificate No. 17853

Date Filed 1-23-52

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bertha Wilson (Name on Original Certificate) who Nov 27, 1914 (Was Born or Died) on (Date of Event)
in FRANKLIN, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CHURCH RECORD (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Bertha Wilson	Anna Wilson
Age of the Father	24 yrs.	23 yrs.

Subscribed and sworn to before me this 23 day of January 19 50

Notary Public, residing at Oakland

My commission expires June 28, 1952.

(Seal)

Signed Bertha Chadwick Wilson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2600-73rd Ave. Oakland, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of January 19 50

Notary Public, residing at Oakland

My commission expires June 28, 1952.

(Seal)

Signed Harriet Bryant
(Signature of Any Credible Person)

464 Davidson Way Oakland Calif.
(Street Address, City, State)

2 copies sent for

DEC 8 1975
FEB 10 19

854 - 230 - 021 - 754

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

17854

Registration District No. 27 File No. .....

Primary Registration District No. 2119 Registered No. 162

FULL NAME OF CHILD Margaret G. Head

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One	—	yes	Nov 30 1913

FATHER	MOTHER
FULL NAME: William Daniel Head	FULL MAIDEN NAME: Margaret E. Geddis
RESIDENCE: Preston Idaho	RESIDENCE: Preston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Whitney Idaho	BIRTHPLACE: Oregon
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 12-8- 1913

Allen R Cutler
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form VS. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

JUN 6 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUN 9 2 32 PM '75
BUREAU OF
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 17854

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Head (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margaret G. Head

Subscribed and sworn to before me this 7th day of June, 1975

Notary Public, residing at Preston, Idaho
My commission expires 4-1-76
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1975

Notary Public, residing at Preston, Idaho
My commission expires 4-1-76
(Seal)

Signed Woodrow W. Nimsand
(Signature of Any Credible Person)

Rt 3, Preston, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/6/75 Rush!

Certif of Blessing from the LDS Church gives name as Margaret Geddes Head daughter of Wm. D. Head and Margaret Geddes born ~~Mar~~ Nov. 30, 1913 at Preston Idaho. Was Blessed Jan. 4, 1914. viewed by V. S.

JUN 13 1975

Margaret G. Head daughter of Wm. D. Head and Margaret Geddes born Nov. 30, 1913 at Preston, Idaho. Was Baptised Dec. 24, 1921. viewed by V. S.

168-105-021-692

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 17855

Primary Registration District No. 2119 Registered No. 161

Hospital .....

FULL NAME OF CHILD Earl Fisher Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	—	yes	Nov. 25 1913

FATHER	MOTHER
FULL NAME: Alma L. Johnson	FULL MAIDEN NAME: Ida Grace Fisher
RESIDENCE: Preston Idaho.	RESIDENCE: Preston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Preston Idaho	BIRTHPLACE: Ogford Idaho
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: One. Number of children of this mother now living, including present birth: One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Gueller

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-8- 1913 Allen R Gueller Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 4 1967

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-56-12

465-128-021-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Franklin amended Dec. 8, 1977

CERTIFICATE OF BIRTH

City of Preston

Registration District No. 27

File No. 17856

No. ..... St.

Primary Registration District No. 2119

Registered No. 160

Hospital .....

FULL NAME OF CHILD Alma Dale Monson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	One	—	Yes	Nov. (Month) 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Hyrum Monson	FULL MAIDEN NAME	Margaret Ena Peterson
RESIDENCE	Preston Idaho.	RESIDENCE	Preston Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Whitney Idaho	BIRTHPLACE	Preston Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 12-8- 1913 Allen R Cutler Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

n10/3/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 4 10 01 AM '77

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17856

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alma Monson (Name on Original Certificate) who was born (Was Born or Died) on NOvember 28, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alma Monson	Alma Dale Monson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of
October, 19 77

Margaret D. Davis
Notary Public, residing at Preston
My commission expires Expires
(Seal)

Signed Wayne Monson
(Signature of Any Credible Person)

1141 E 3950 So Ogden Utah
(Street Address, City, State)

FORM DH 60-155

Birth certificate issued to Alma DeRay Monson on November 21, 1940 gives name of father as Alma Dale Monson. viewed by V.S.

DEC 8 1977

Certificate of blessing in LDS Church lists name as Alma Dale Monson born to Alma H. Monson and Margaret Peterson on November 28, 1913, in Preston, Idaho. Child was blessed March 1, 1914.
viewed by V.S. December 8, 1977

414-207-021-815

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27

File No. 17857

Primary Registration District No. 2119

Registered No. 158

FULL NAME OF CHILD Laura Belle Maughan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	One		—	Yes	Nov. 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Harrison Maughan	FULL MAIDEN NAME	Olive E. Hansen
RESIDENCE	Dempsy Idaho	RESIDENCE	Dempsy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Weston	BIRTHPLACE	Hydepark Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:35 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19....

Address Preston Idaho

Filed 12-8- 1913 Allen R. Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1964

843-126-21-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Registration District No. 27 File No. 17858

Primary Registration District No. 2119 Registered No. 157

Hospital .....

FULL NAME OF CHILD Roy Dalley Hull

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	—	yes	Nov. 26 1913.

FATHER		MOTHER	
FULL NAME	Robert M. Hull	FULL MAIDEN NAME	Virtue Dalley
RESIDENCE	Whitney Idaho.	RESIDENCE	Whitney Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Franklin	BIRTHPLACE	Parowan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-8- 1913 Allen R Curtis Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

JAN 3 1974

695-102-021-553
Amended 10-15-56

Form V. S. No. 11-C—28m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 17859

Primary Registration District No. 2119 **Registered No.** 166

FULL NAME OF CHILD HOWARD WINN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 2, 1913. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Urbin J. Winn	FULL MAIDEN NAME	Fannie Nelson
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Richfield, Utah.	BIRTHPLACE	Hyde Park, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 12/9 1913 Allen R. Ruth
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
OCT 15 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bannock } ss.

Certificate No. 17859

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Winn (Name on Original Certificate) who was born (Was Born or Died) on November 2, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card Union Pacific Railroad Record (Bible Record, Insurance Policy, Etc.) prepared on March 20, 1937 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Howard Winn

Subscribed and sworn to before me this 3 day of October, 1956

John L. Long
Notary Public, residing at Pocatello Idaho
My commission expires January 21 1958.
(Seal)

Signed Wallace A. Winn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

351 Jefferson Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of October, 1956

John L. Long
Notary Public residing at Pocatello, Idaho.
My commission expires January 21, 1958.
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

FORM DPH 55. 155

JUN 4 1962
JUL 24 1972

469-201-036-693

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-O-25m-1-1-13

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Registration District No. 26 File No. 17860

Primary Registration District No. 2069 Registered No. 266

FULL NAME OF CHILD Pearl Morris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	11-1-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Morris	FULL MAIDEN NAME	Penelope Williams
RESIDENCE	Malad City Idaho	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	sheep herder	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D G Ray M D

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Malad City Idaho

Filed 11/5 1913 D G Ray

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE O
BUREAU OF VI
CERTIFICAT

OCT 5 1943

SEP 2 2 1975

847-109-036-799

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17861

Primary Registration District No. 2069 Registered No. 267

FULL NAME OF CHILD Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11 - 9 1913

FATHER		MOTHER	
FULL NAME	Thomas Hughes	FULL MAIDEN NAME	Maggie Price
RESIDENCE	Malad RFD	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26 26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 40 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malad City Idaho

Filed 11/10 1913 D C Ray
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 5/14/11

795-210-036-819

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17862
Local Reg. No.
Reg. Dist. No. 26

1. PLACE OF BIRTH
a. COUNTY: Oneida
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad City
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Lorraine
b. (Middle):
c. (Last): Pierce

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH: (Month) 11 (Day) 10 (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Pierce

8. AGE (At time of this birth): 22 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Idaho
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Stella
b. (Middle):
c. (Last): Harris

13. AGE (At time of this birth): 21 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. C. Ray, M. D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Malad City, Idaho
20. DATE SIGNED: 11/15/13
21. DATE REC'D BY LOCAL REG.: 11/15/13
22. REGISTRAR'S SIGNATURE: D. C. Ray
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphilis performed? YES ___ NO ___ APPROXIMATE DATE ___

LENGTH OF PREGNANCY ___ WEEKS
WEIGHT AT BIRTH ___ LBS. ___ OZS.
RACE OR COLOR OF FATHER: White
RACE OR COLOR OF MOTHER: White
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ___ NO ___

BIRTH INJURY TO INFANT
___ YES IF YES, DESCRIBE
___ NO

CONGENITAL MALFORMATIONS OF INFANT
___ YES IF YES, DESCRIBE
___ NO

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate must be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

Term Report Card of Lorraine Pierce, 8th Grade, St. John School, District No 2 of Oneida County, Idaho. Signed by A. L. Stout. Promoted to the 9th grade. Viewed by V. S.

State of Utah Certificate of Live Birth State File No. 1648 for Dean Thomas Hughes date of birth Aug. 24, 1943. Father's name: Emery T. Hughes and mother's name as Lorraine Pierce. Viewed by V. S.

3=24=

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
APR 26 1971
Bureau of Vital Statistics

Certificate No. 17862

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Annie Lorainne Pierce (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1913 (Date of Event)

in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Annie Lorainne Pierce	Loraine Pierce

Subscribed and sworn to before me this 21 day of ....., 19...

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

C.C. (P) 1 copy pd Rec. # 12291

533-114-036-792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 178[redacted]

Primary Registration District No. 2069 Registered No. 269

FULL NAME OF CHILD ..... CHARLES L. ELCOCK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	11-14-1913

FATHER		MOTHER	
FULL NAME	Charles Elcock	FULL MAIDEN NAME	Julia Gibson
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	same
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

..... 19.....

Filed 11/15 1913 D C Ray
Registrar

..... Registrar

S-Y CO. 24655

JAN 19 1942

955 - [illegible]

PLACE OF BIRTH

Form V. S. No. [illegible]

[illegible] VITAL STATISTICS

[illegible] OF BIRTH

County of Oneida

City of Samaria

Registration District No. 26

File No. 17864

No. ..... St.

Primary Registration District No. 2069

Registered No. 210

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ STANLEY R Reese

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			5	yes	Nov (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard M. Reese	FULL MAIDEN NAME	Viola C. Mueller
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Cincinnati Ohio
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Ida

Filed 11/30 1913 D E Key

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDA[illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Cache }

Certificate No. 17864

Date Filed FEB 5

The undersigned does solemnly swear that certain facts on the certificate of Nov. 14 1913 (BIRTH OR DEATH)
for Samuel R. Reese (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 14 1913 (DATE OF EVENT)
in Samaria Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Nov. 9, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Samuel R. Reese	Stanley R. Reese

Subscribed and sworn to before me this 30 day of January, 1942

Notary Public, residing at Logan Utah

My commission expires Aug 2-1944
(SEAL)

Signed Viola C. Reese
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

555 N. 2 East Logan Utah
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Jan, 1942

Notary Public, residing at Logan Utah

My commission expires Aug 2 1944
(SEAL)

Signed Edwin Hansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

555 N 2 E. Logan Utah
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 5 19 By
(REGISTRAR'S SIGNATURE)

FEB 13 1942

515-115-036-386 NAME ADDED 9-25-91 dl

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17865

Primary Registration District No. 2069 Registered No. 241

FULL NAME OF CHILD HOWARD EVAN Vanderwood

Sex of Child male | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth 11-15 (Month) (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME Evan Vanderwood	FULL MAIDEN NAME Annie Thomas
RESIDENCE Malad city Idaho	RESIDENCE same
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:40 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19..

Address Malad City Idaho

Filed 11/20 1918 D C Ray

..... Registrar

8-Y CO. 24655 Registrar

APR 19 1967

SEP 20 1991

9-20-91

IDAHO DEPARTMENT OF HEALTH AND WELFARE

Vital Statistics Unit

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE

SEP 24 1991

VITAL STATISTICS UNIT

State of Idaho
County of Madison } ss.

Certificate No. 17865
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Baby Boy Vanderwood (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 15, 1913 (Date of Event)
in Malad (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Boy Vanderwood	Howard Evan Vanderwood

Subscribed and sworn to before me this 23rd day of
Sept, 1991

X Notary Public, _____
Residing at Malad, Idaho
My commission expires 2/17/93
(Seal)

X Howard Evan Vanderwood
Signature of Applicant

X 61 Bush Ave-Malad, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of
_____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Birth Certificate for Howard Brent Vanderwood born July 17, 1946 in Malad lists father as Howard Evan Vanderwood. Viewed by V.S.

SEP 25 1991

Certificate of Blessing lists Howard Evan Vanderwood born Nov 15, 1913 in Malad to Evan Vanderwood and Annie Thomas. Viewed by V.S.

244-116-056-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—2[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 17866

Primary Registration District No. 7069 Registered No. 272

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	11-16-1913

FATHER		MOTHER	
FULL NAME	Francis Budge	FULL MAIDEN NAME	Winnie McKay
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 7:30 A M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11/20 19 13 D C Ray Registrar

8-Y CO. 24698

165-118-036-719

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17867

Primary Registration District No. 2069 Registered No. 273

FULL NAME OF CHILD ..... Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	11-18-13

	FATHER	MOTHER
FULL NAME	Geo W Jones	FULL MAIDEN NAME Sally Parry
RESIDENCE	malad RFD	RESIDENCE same
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	farmer	OCCUPATION housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M. D.
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

..... 19.....

Filed 11/20 1913 D C Ray
Registrar

..... Registrar

8-Y CO. 24685

MAR. RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate return must be made for each and the number of each, in order of birth, stated.

K

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

No. 1867

559-224-036-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17868

Primary Registration District No. 2069 Registered No. 274

FULL NAME OF CHILD Annie Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
				11 24 1913

FATHER		MOTHER	
FULL NAME	David Nelson	FULL MAIDEN NAME	Katherine Pierce
RESIDENCE	Malad RFD #1	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 11/30 1913 D C Ray Registrar

8-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

386-125-036-993

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 26 File No. 17869

Primary Registration District No. 2069 Registered No. 275

FULL NAME OF CHILD James R. Thomas

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			6	yes	Nov. 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin Thomas	FULL MAIDEN NAME	Mary A. Richards
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	55 (Years)
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Malad Ida
OCCUPATION	Sheep Shearer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Reese

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Samaria Ida

Filed 11/30 1913 D. Rey Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No.

799-225-036-955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 17870

Primary Registration District No. 2069 Registered No. 276

FULL NAME OF CHILD Dora ~~THORNE~~ Price

Sex of Child: female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth:

Legitimate? Yes

Date of Birth: 11 (Month) 25 (Day) 1913 (Year)

FATHER

FULL NAME: Benj F Price

RESIDENCE: Malad City

COLOR: white AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Idaho

OCCUPATION: sheep man

MOTHER

FULL MAIDEN NAME: Ellen ~~REECE~~

RESIDENCE: same

COLOR: white AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Idaho

OCCUPATION: housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Filed 11/30 1913 D C Ray Registrar

8-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Los Angeles }

Certificate No. 17870

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH ~~Dora Thorne Price~~ (Birth or Death)
for Dora Lorraine Price (Name on Original Certificate) who was born (Was Born or Died) on Nov. 27, 1913 (Date of Event)
in Lelad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dora Lorraine Price	Dora Thorne Price
birthdate	November 27, 1913	Nov. 25, 1913
mother's name	Ellen Reese	Ellen Reece

Subscribed and sworn to before me this 16 day of March, 1942

Frances Santee
Notary Public, residing at 1526 Hillhurst

My commission expires My Commission Expires Nov. 27, 1942
(Seal)

Signed Dora Thorne Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1801 Rodney Drive Los Angeles, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1942

Frances Santee
Notary Public, residing at Los Angeles Calif.

My commission expires Nov. 27, 1942.
(Seal)

Signed Kenneth C. Young
(Signature of Any Credible Person Other than Previous Year)

1801 Rodney Drive, Los Angeles, Calif.
(Street Address, City, State)

MAR 24 1942

819-111-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 26 File No. 17871

Primary Registration District No. 2069 Registered No. 227

Hospital .....

FULL NAME OF CHILD Rex Harris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 11 1914

	FATHER	MOTHER
FULL NAME	Everett Harris	FULL MAIDEN NAME Ella Thomas
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE Malad Ida
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 7:30 P. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. F. Allen

(Physician or midwife)

Address Malad

Filed Dec 8 1914 W. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

L.D.S. Church Cert. of Birth, entered on record, Dec. 5, 1926 gives full name as Rex Harris, born Nov. 11, 1913 at Malad, Idaho to Everett Harris and Ella Thomas - viewed by VS App. to the Beneficial Life Insurance Co., policy no. 66884 dated Oct. 1, 1926 gives full name of insured as Rex Harris, age 13, born Nov. 11, 1913 at Malad, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Box Elder }

Certificate No. 17871

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Harris (male child) who was born on Nov. 11, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)

in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

RECEIVED
FEB 24 1964
Bureau of Vital Statistics

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rex Harris

Subscribed and sworn to before me this 14 day of Feb., 1964

A. Clinton Mont
Notary Public, residing at Ogden, Utah
My commission expires Mar. 15, 1966
(Seal)

Signed Everett Harris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3026 Norman Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Feb., 1964

A. Clinton Mont
Notary Public, residing at Ogden, Utah
My commission expires Mar. 15, 1966
(Seal)

Signed Thomas E. Harris
(Signature of Any Credible Person)

3026 Norman
(Street Address, City, State)
Ogden Utah

FORM DH 60-155 CL 1-31-64. nm

FEB 27 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Child

City of Malad

No. ..... St.

Hospital .....

Registration District No. 26

Primary Registration District No. 2069

File No. 17872

Registered No. 278

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 15 1913

	FATHER	MOTHER
FULL NAME	James C Lowry	FULL MAIDEN NAME Elizabeth Davis
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE Malad Ida
OCCUPATION	Educational work	OCCUPATION Home Keeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:15 A M. on the date above stated.

(Signature) J F Alston

Physician

(Physician or midwife)

Address Malad

Filed Dec 8 1913 W C Ruy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

Form V. S. No. 11-0—2m-9-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

993-124-036-141

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. M

File No. 17873

Primary Registration District No. 2069

Registered No. 274

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 24 [illegible]

	FATHER	MOTHER
FULL NAME	Fred J Richards	FULL MAIDEN NAME Sarah J. Adams
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Malad	BIRTHPLACE Malad
OCCUPATION	Farming	OCCUPATION House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 4:a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alston

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed Dec 8 1913 D C Ray

Registrar

..... Registrar

8-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

859-113-036-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ovida

City of St John

No. St Jon Rode St.

Hospital

Registration District No. 26 ~~Malad Prict~~ File No. 17874

Primary Registration District No. 2069 ~~Malad~~ Registered No. 280

FULL NAME OF CHILD No Name yet Boy Babe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov 13 (Month) Thur 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John J. Herd	FULL MAIDEN NAME	Ida Candler
RESIDENCE	Malad ~~Prict~~	RESIDENCE	Malad ~~Prict~~
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Snowville utah	BIRTHPLACE	Logan utah
OCCUPATION	Farmer	OCCUPATION	Pres Maker

Number of child of this mother, including present birth John 2 Was Herd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boy Babe ~~No Name~~ bornalie 1 am on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary Stuart

Midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad City Ida

Filed Dec 1 1913 D C Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-22936

303-210-001-864

[redacted]

PLACE OF BIRTH

[redacted] OF IDA [redacted]

S. No. [illegible]

County of Ada

City of Dry Creek

No. ..... St.

Hospital .....

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10th

File No. 17876

Primary Registration District No. 2002

Registered No. 12

FULL NAME OF CHILD Hachys Elisabeth Tucker

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	1	Yes	11 / 10 / 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	S R Tucker	FULL MAIDEN NAME	Mable Youngblood
RESIDENCE	Dry Creek	RESIDENCE	Dry Creek
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kentucky	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Forney

M D (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed Nov 21 1913 L. B. Harris Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

MAR 27 1953

MAY 1 0 1971

DUP OF 1913 - 18845

469-218-016-448

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-[illegible]

Registration District No. 117 File No. 17876

Primary Registration District No. 2196 Registered No. 49

FULL NAME OF CHILD No name

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	F	Yes	11 (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Laurence Mortensen	FULL MAIDEN NAME	Nelly Eddy
RESIDENCE	Burley Idaho	RESIDENCE	Burley Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Celba
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad. M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Idaho

Filed Dec 4 1913 D. R. Story Dept. Registrar

S-Y CO. 20174 Registrar

897-102-016-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 17877

Primary Registration District No. 2196 Registered No. 48

FULL NAME OF CHILD Thos Edward Higgins

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			11 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	C. O. Higgins	FULL MAIDEN NAME	Esther Hansen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minnesota
OCCUPATION	Salesman	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Fremstad MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley

Filed Dec 4 1913 [illegible] Story Dept
Registrar

S-Y CO. 20174

FEB 16 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JAN 2 1974

356-203-016-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 17878

Primary Registration District No. ..... Registered No. 47

FULL NAME OF CHILD Alice Pearl Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		Yes	11 — 3 — 1913

FATHER		MOTHER	
FULL NAME	Leroy Lewis	FULL MAIDEN NAME	Alice Clark
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. B. Story

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed Nov-6 1913 R. B. Story-Dept Registrar

S-Y CO. 20174 Registrar

Form V. S. No. 11-C—20m 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 18 1964 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 17878

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Lewis (female child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1913 (Date of Event)

in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on 11-13-64 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alice Pearl Lewis
Alice Pearl Lewis		

Subscribed and sworn to before me this 13 day of November, 1964

[illegible]

Notary Public, ~~residing at~~ Auburn

My commission expires 1-15-67

(Seal)

Signed N. F. Lewis

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R1 Bx 894 Auburn Wn

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of November, 1964

[illegible]

Notary Public, ~~residing at~~ Auburn

My commission expires 1-15-67

(Seal)

Signed Ada R Clark

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 10-13-64. one copy pd. rec. #5390.

Albion High School, Albion, Idaho, Diploma gives name of graduate as Alice Pearl Lewis, graduated May 26, 1933 - viewed by V. S.

MAY 1 1 1965

Ske School Autograph Book, 1928=29 gives full name as Alice Pearl Lewis - book appears old and unaltered - viewed by V.S.

331-108-016-154

PLACE OF [redacted]

STATE OF [redacted]
BUREAU OF VITA[redacted]

CERTIFICATE [redacted]

County of Cassia

City of Burley

Registration District No. _____ File No. 17879

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Clark, Charles Healey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				yes	11 - 5 - 1913

FATHER		MOTHER	
FULL NAME	F. L. Clark	FULL MAIDEN NAME	Teresa Anderson
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Ida.

Given names added from a supplemental report

..... 19.....

Filed 11-5-13 19..... Dr. J. C. Patterson
Registrar

..... Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDMENT AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Cassia } ss.

Certificate No. 17879
Date Filed AUG 6 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clark (Name on Original Certificate) who born (Was Born or Died) on Nov. 8, 1913 (Date of Event)
in Declo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible & Church Records (Bible Record, Insurance Policy, Etc.) prepared on Nov. 8, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Clark	Charles Wesley Clark

Subscribed and sworn to before me this 4 day of August, 1945

E. H. Kinman
Notary Public, residing at Burley Idaho
My commission expires March 1-1947
(Seal)

Signed Teresa Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, infermant if correcting a death record; or other credible person.)
Declo - Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

AUG 8 1945

DEC 31 1945

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Burley

No. _____ St.

Hospital _____

Registration District No. _____

Primary Registration District No. _____

File No. 17880

Registered No. _____

FULL NAME OF CHILD FRANCES ESTELLA Story

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov. 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. L. Story	FULL MAIDEN NAME	Goldie Marksley
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Burley, Ida.

Filed 11-2-13 19__ Dr. J. C. Patterson Registrar

_____ Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Monroe }

Certificate No. 17880

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frances Estella Story

Subscribed and sworn to before me this 11 day of May, 1943

Notary Public, residing at Paris

My commission expires Nov 1 1945
(Seal)

Signed Harry L. Story
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris Mo
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Missouri } ss.
County of St. Charles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of March, 1943

Olive Barklage

Notary Public, residing at 424 N. Benton St. Charles Mo

My commission expires April 28, 1946
(Seal)

Signed Virginia Mileham
(Signature of Any Credible Person Other Than Previous Year)

914 N Fifth St. St. Charles, Mo.
(Street Address, City, State)

MAR 20 1943

[illegible]9-205-016-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 17881

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Mabel Helen Horton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe				yes	11-5-13 1913

FATHER		MOTHER	
FULL NAME	D. R. Horton	FULL MAIDEN NAME	Mabel Burgess
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov. 6-13, 19..... Dr. J. C. Patterson

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

168-104-016-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20[illegible]

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 17882

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		no	Nov. 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Aug. Johnson	Amelia Lindquist
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	32
BIRTHPLACE	Sweden	America
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda Shallman

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Nov. 19. 13

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

845-124-016-459

Form V. S. No. 11-C—20m-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117 File No. 17883

Primary Registration District No. 2196 Registered No. 42

FULL NAME OF CHILD Carl Huntington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		yes	Oct. 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	G. G. Huntington	FULL MAIDEN NAME	Ottilie Merz
RESIDENCE	Burley, Ida.	RESIDENCE	Burley, Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Germany
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
~~Burley~~, M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley, Ida.

Filed 10-25-13 19..... Dr. J. C. Patterson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 25 1942

File No.

tered No.

553-130-001-764

PLACE OF BIRTH

Form V. S. No. [redacted]

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Owyhee

No. ....., ... St.

Registration District No. 1 File No. 17884

Hospital .....

Primary Registration District No. 2003 Registered No. .....

FULL NAME OF CHILD Unnamed at death 5 hrs after birth

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M.	—		—	Yes	Nov (Month) 30 (Day) 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Elmer Nelson	FULL MAIDEN NAME	Bertha Gouldin
RESIDENCE	Owyhee	RESIDENCE	Owyhee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Naugle (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Boise

Filed Dec 1st 1913 C. L. Sutton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

413-128-001-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Meridian

No. ✓ St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 17885

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD George Mastock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	yes	Oct 28 1913

FATHER		MOTHER	
FULL NAME	Henry & Wm. Mastock	FULL MAIDEN NAME	Georgie Rena Hicks
RESIDENCE	Near Victory School	RESIDENCE	Near Victory School
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1.8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) O. L. Sutton

Physician

(Physician or midwife)

Address Meridian

Filed Nov 1st 1913 O. L. Sutton
Registrar

B-Y CO. 20174

295-204-001-914

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Meridian

No. R#I St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 17886

Primary Registration District No. 2003 Registered No.

FULL NAME OF CHILD Helen Irene Bingman

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	1st	yes	Nov 4 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hardie J. Bingman	FULL MAIDEN NAME	Leola L. Rambo
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Wash	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.36 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Helen Irene, 1913

C. L. Dutton, Registrar

Address Meridian Ada

Filed Nov 19th 1913 C. L. Dutton, Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 29 1951

618-124-001-652

Form V. S. No. 11-C--15m

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada
City of Meridian
Registration District No. 1
File No. 17887
No. R#I St.
Primary Registration District No. 2003
Registered No.
Hospital
FULL NAME OF CHILD Homer Waybright

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	one	6th	yes	Oct 24 (Month) (Day) 19 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Albert L. Waybright	FULL MAIDEN NAME	Mary West
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ky.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6
Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 620 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician (Physician or Midwife)

Given names added from a supplemental report

Address Meridian Ida

, 19

Filed Dec 22 1913 C. L. Hutton Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

OCT 9 1941

PLACE OF BIRTH

895-106-001-292

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ada

City of Country

Registration District No. 1

File No. 17888

No. R.D. 1, Meridian

Primary Registration District No. 2083

Registered No.

Hospital ~~George Rollin Hiner~~ George Rollin

FULL NAME OF CHILD ~~Not Named~~ (Hiner)

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Oct. 6, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George N. Hiner	FULL MAIDEN NAME	Stella Sisemore
RESIDENCE	near Meridian	RESIDENCE	near Meridian.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Des Moines Iowa.	BIRTHPLACE	Bates Co. Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.

(Physician or Midwife)

Given names added from a supplemental report

George Rollan (Hiner) 1913

C. L. Sutton Registrar

Address Boise Idaho

Filed Nov 10 1913 C. L. Sutton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 0 1942

493-220-001-753

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 17819

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. ____

Hospital ____

FULL NAME OF CHILD Alice Lavera Mitchell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	8th	yes	Oct. 21, 1913

	FATHER	MOTHER
FULL NAME	James M. Mitchell	Lura J. Petetti
RESIDENCE	Meridian Idaho	Meridian Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	40 (Years)	33 (Years)
BIRTHPLACE	Penn.	Mo
OCCUPATION	Labor.	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Given names added from a supplemental report

Alice Lavera Mitchell Dec. 13.

Address Meridian

C. L. Dutton Registrar

Filed Dec 2nd 1913 C. L. Dutton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

464-219-001-295

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 17891

No. R# II St.

Primary Registration District No. 2003

Registered No.

Hospital

FULL NAME OF CHILD Ivan Elwood Dodds.

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	one	7th	yes	Nov. 19, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred. A. Dodds.	FULL MAIDEN NAME	Lillia M. Bingman
RESIDENCE	Meridian R# II	RESIDENCE	Meridian R# II
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Meridian Idaho

Filed Dec 2nd 1913 C. E. Dutton Registrar

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 2 7 1975

165-119-001-866

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1 File No. 17892

No. ..... St.

Primary Registration District No. 2003 Registered No. .....

Hospital .....

FULL NAME OF CHILD Harry Bradford Jones

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	one		5th	yes	Nov 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Samuel B. Jones	FULL MAIDEN NAME	Bessie A Howard
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ark.
OCCUPATION	Plaster	OCCUPATION	House wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Meridian Idaho

Filed Dec. 2nd 1913 C. L. Burton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

PLACE OF BIRTH

855-224-001-663

Amended 6 15 70

PLACE OF BIRTH

Form V. S. No. 11--25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Near 5 Mile School

Registration District No. 1 File No. 17893

No. ✓ St.

Primary Registration District No. 2003 Registered No.

Hospital —

FULL NAME OF CHILD Eleanor Margaret Henderlider

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		4	Yes	Nov. 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Miller Henderlider.	FULL MAIDEN NAME	Florence Wolfe
RESIDENCE	Near 5 Mile School	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Boise Idaho.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician (Physician or midwife)

Address Meridian

Filed Nov. 26 1913 C. L. Dutton Registrar

* Given names added from a supplemental report.

19

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 15 1970

OCT 17 1982

5-19-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 1 51970
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17893

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elenor Margarette Henderlider (Name on Original Certificate) who was born (Was Born or Died) on Nov. 24, 1913 (Date of Event)
in Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first & Middle name	Elenor Margarette	Eleanor Margaret

Subscribed and sworn to before me this 22 day of
May, 19 70

Notary Public, residing at Adrian Oregon
My commission expires 2-6-74
(Seal)

X Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

To Corresp

Own childs birth Certificate # 295367 gives mothers name as
Eleanor Margaret Henderlider June 23, 1940
Viewed by VS

Marriage License of Dyre S. Roberts and Eleanor Margaret Henderlider
gives name as Eleanor M. Henderlider dated Aug. 15, 1934
Viewed by VS.

893-227-001-286

[redacted] BIRTH

STATE [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

[redacted] Ada

City of Meridian

Registration District No. 1 File No. 17814

No. ..... St.

Primary Registration District No. 2008 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Florence Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Nov. 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August F. Hill	FULL MAIDEN NAME	Clara Shock
RESIDENCE	5 Mi So. 1 Mi E.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 6 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Meridian

Filed Nov. 30 1913 C. L. Dutton
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FEB 17 1942

CERTIFICATE OF BIRTH

465-217-001-763

[redacted] OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 [redacted]

CERTIFICATE OF BIRTH

[redacted] Ada

City of Meridian

Registration District No. 1 File No. 17895

No. ~ St.

Primary Registration District No. 2003 Registered No. [redacted]

Hospital ~

FULL NAME OF CHILD Louise Monteith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) [redacted]
Female	~ (To be answered only in event of plural births)		~	Yes	Nov. 17

FATHER	MOTHER
FULL NAME Owen Albert Monteith	FULL MAIDEN NAME Louise Potter
RESIDENCE Near Maple Grove School	RESIDENCE Same
COLOR White	COLOR W.
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Michigan
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) C L Sutton

Physician

(Physician or midwife)

Address Meridian

Filed Nov. 17 1913 C L Sutton Registrar

8-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF COLORADO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

942-123-001-231 [redacted]

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

Registration District No. 1

File No. 17896

No. _____ St.

Primary Registration District No. 2003

Registered No. _____

Hospital _____

FULL NAME OF CHILD William Leonard Russell

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov. 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Benjamin Russell	FULL MAIDEN NAME	Myrtle Edytha Bland
RESIDENCE	Meridian Ida	RESIDENCE	Meridian Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Colorado.	BIRTHPLACE	Rice Co Kansas.
OCCUPATION	Painter	OCCUPATION	Housewife (School teacher)

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Dutton

Physician

(Physician or midwife)

Given names added from a supplemental report.

Address Meridian

_____ 19____

Filed Nov. 25 1913 C L Dutton

Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 7 1954

313-211-004-693

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 53

File No. 17897

Primary Registration District No. 2132

Registered No. .....

FULL NAME OF CHILD Margaret Beryl Caldwell

Sex of Child Female

Twin Triplet or other? X and Number in order of birth X
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Nov. 11 1913
(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Robert Wm Caldwell	FULL MAIDEN NAME	Margarette Williams
RESIDENCE	Paris, Ida.	RESIDENCE	Paris, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Brigham, Utah	BIRTHPLACE	Samiria, Idaho
OCCUPATION	Farmer,	OCCUPATION	Housewife

Number of child of this mother, including present birth 14

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live Nov 11-1913 at 7 am M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich
(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Paris, Idaho

Filed Nov 11 1913

Wm L Rich
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 2 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
NOV 13 8 43 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17897

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Caldwell (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 11, 1913 (Date of Event)
in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Margaret Beryl Caldwell

Subscribed and sworn to before me this 25 day of November, 19 75

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 12-22-76
(Seal)

Signed Mere M. Hardesty
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

163 S 3rd Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of November, 19 75

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires 12-22-76
(Seal)

Signed Karen K. Knight
(Signature of Any Credible Person)

760 N 9th Montpelier, Idaho 83254
(Street Address, City, State)

FORM DH 60-155 CL 11/20/75

Family Group record ~~gixx g~~ for~~s~~ Robert William Caldwell and Margaret Williams gives chid's name as Margaret Beryl Caldwell born Nov 11, 1913 at Paris, Idaho. Baptized Dec 31, 1921 viewed by V. S.

DEC 1 1975

Insurance policy from Beneficial Life Ins. Co. gives name as Margaret Passey. Policy No. 220905. born Nov 11, 1913 at Paris, Idaho. signed Dec 18, 1941. viewed by V/S

747-111-004-993

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

Registration District No. 50 File No. 17898

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD Sydney Preston Pugmire

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Nov 11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sidney Pugmire	FULL MAIDEN NAME	Forest Evelyn Rich
RESIDENCE	St. Charles, Ida	RESIDENCE	St. Charles Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	St Charles, Ida	BIRTHPLACE	Paris, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live Nov 11. 1913 (Born alive or stillborn) at 1 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm L Rich

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Paris, Idaho

Filed Nov 11 1913 Wm L Rich Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1963

748-109-025-815

PLACE OF BIRTH

Form V.S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ....., ... St.

Hospital .....

Registration District No. 106 File No. 17899

Primary Registration District No. 2184 Registered No. 37

FULL NAME OF CHILD Earl Pingear

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 9 1913

FATHER		MOTHER	
FULL NAME	Percy P. Pingear	FULL MAIDEN NAME	Mabel Haney
RESIDENCE	Stites Idaho	RESIDENCE	Stites Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kentucky	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Date Nov 30 1913 J. M. Verbeekmeer

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

File No.

Registered No.

[redacted]

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of ..... Registration District No. 106 File No. 17900

No. ..... St. Primary Registration District No. 2184 Registered No. 38

Hospital .....

FULL NAME OF CHILD Edith Dagmar Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 12, 1913

FATHER	MOTHER
FULL NAME: Gustav Otto Larsen	FULL MAIDEN NAME: Selma Christina Johnson
RESIDENCE: Idaho	RESIDENCE: Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Herbert Graves
Physician
(Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov. 19 13

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

PLACE OF BIRTH

County of

638-127-025-3

PLACE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Registration District No. 106 File No. 17901

Hospital

Primary Registration District No. 2184 Registered No. 39

FULL NAME OF CHILD Frederick Earnest Flynn

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emery Flynn	Lydia Swineheart
RESIDENCE	Stites Idaho Battle Ridge	Stites - Idaho Bear Ridge
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	50	21
BIRTHPLACE	Canada	Indiana
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeck M.D.

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia - Idaho

..... Registrar

Filed Nov 29 1913 J. M. Verbeck M.D. Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each child, in order of birth.

[redacted]

217-[illegible]-215

[redacted]

PLACE OF BIRTH

[redacted]

Form V. S. No. 11-C—[illegible]

[redacted]HO
[redacted]tistics
[redacted]BIRTH

County of [illegible]

City of Mullan

No. ..... St.

Hospital

Registration District No. 122 File No. 17902

Primary Registration District No. 2108 Registered No.

FULL NAME OF CHILD Helen Sylvia Seppanen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)
Girl	X		X	Yes	Aug 13 (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lenard Seppanen	FULL MAIDEN NAME	Elina Kangas
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	[illegible]
BIRTHPLACE	Finland	BIRTHPLACE	Michigan
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Filed Aug 13 1913 F W Rolfs

Nov 15 13 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible]

719-227-040-719

MA[illegible] [illegible] [illegible]DING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Registration District No. 122

File No. 17904

Primary Registration District No. 2108

Registered No. .....

FULL NAME OF CHILD Mabel

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	Aug 27 1913

FATHER		MOTHER	
FULL NAME	John Gardous	FULL MAIDEN NAME	Stella Gark
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Given names added from a supplemental report

John Gardous 1913

F. W. Rolfs Registrar

Address Mullan Ida

Filed Aug 27 1913 F. W. Rolfs Registrar

Nov 15 1913 H. C. Mowbry

SYMS - YORK CO., PTRS. & SDRS. 17326

JUN 18 1973

MAY 20 1976

914-124-04

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Osborne

Registration District No. 122 File No. 17905

No. — St.

Primary Registration District No. Registered No.

Hospital —

FULL NAME OF CHILD Frank Ramey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	one		4th	yes	Nov 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H Ramey	FULL MAIDEN NAME	Orlena Hutchinson
RESIDENCE	Osborne Ida	RESIDENCE	Osborne Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D S Mowery

Physician (Physician or midwife)

Address Wallace, Ida.

Given names added from a supplemental report

19

Filed Nov 30 1913 Herbert C. Mowery Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

Form V. S. No. II-C—20m 8-15-42

042-718

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 17906

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD RAYMOND LeROY HUGGAR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy			yes	Aug 30, 1913

FATHER		MOTHER	
FULL NAME	Verner Huggar	FULL MAIDEN NAME	May Payne
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Penn.
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Aug 30 1913 F W Ralfs MD

Nov. 15 13 H. A. Mowery Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 17906
)ss
County of.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Raymond LeRoy Huggar (Name on original certificate) who Aug 30 Was Born (was born or died) on Aug 30 (Date of event) in 1913 (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Insurance Policy (Bible record, insurance plcy.etc.) prepared on Aug 30 1936 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Raymond LeRoy Huggar
As given above are correct		

Subscribed and sworn to before me this.....day of SEP 12 1941 19..

Signed Mrs. Mae Huggar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. N. Butler
Notary Public Dep. Co. Auditor
Residing at Shoshone Ida,

S. 401 Fisher St
(Street address, City, State)

My commission expires.....

(SEAL)

SEP 18 1941

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of.....)
)ss
County of.....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of.....19..

Signed.....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at.....

.....
(Street address, City, State)

My commission expires.....
(SEAL)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 122

File No. 17907

No. ____, ____ St.

Primary Registration District No. 2200

Registered No. ____

Hospital ____

FULL NAME OF CHILD John Solum

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	No		sixth	Yes	Nov. 6, 1912

(To be answered only in event of plural births)

FATHER

FULL NAME: John Solum

RESIDENCE: Wallace

COLOR: white

AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Iola, Wisconsin

OCCUPATION: Dairyman

MOTHER

FULL MAIDEN NAME: Myrtle M. Jones

RESIDENCE: Wallace

COLOR: White

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Amherst Junction Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth: six

Number of children, of this mother, now living, including present birth: six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:43 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson, M.D.

(Physician or Midwife)

Address Wallace Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 15, 1913 Herbert C. Mowry

Registrar

S-Y CO., 16670

Form V.S. No. II-C—

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF

493-131-040-913

PLACE OF BIRTH

Form V. S. No. 11-C-[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17908

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Ned Durham Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct. 31 [illegible] (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Merle Henry Miller	FULL MAIDEN NAME	Pearl May Ratliff
RESIDENCE	Kellogg, Idaho	RESIDENCE	Kellogg Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Nov 13 1913 F C Minery Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

493-122-040-25

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20[illegible]

Registration District No. .....

File No. 17909

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD James William Mitchell

Sex of Child: Male

Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth: Sept (Month) 22 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: James Alfred Mitchell	FULL MAIDEN NAME: Hilda Kangas
RESIDENCE: Kellogg, Idaho.	RESIDENCE: Kellogg, Idaho.
COLOR: White	COLOR: White (Nat-Finnish)
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: England	BIRTHPLACE: Michigan
OCCUPATION: Miner.	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken

M. D. (Physician or midwife)

Address Kellogg, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov 13 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

381-127-040-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Silver King P.O.

Registration District No. _____ File No. 17910

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Albert Lewis Chabaude

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Twin	2	Yes	Oct 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Lewis Chabaude	FULL MAIDEN NAME	Fanny Jenkin
RESIDENCE	Silver King, Idaho	RESIDENCE	Silver King, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	California
OCCUPATION	Teamster	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 50 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCrackin

MD (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Kellogg, Idaho

Filed Nov 13 1913 H C Monery Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

381-227-040-155

PLACE OF BIRTH

County of Shoshone

City of Silver King P.O.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17911

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Sadie Harriet Chabonde

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	One	Yes.	Oct 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Lewis Chabonde	FULL MAIDEN NAME	Fanny Jenkin
RESIDENCE	Silver King, Idaho	RESIDENCE	Silver King, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	California
OCCUPATION	Teamster.	OCCUPATION	House-wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin. M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg Idaho

Filed Nov 17 1913 H C Morey Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

861-516-040-694

Form V. S. No. 11-G—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Registration District No. .....

File No. 17913

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Helen Anna Elizabeth Hoaglund

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes.	Nov. (Month) 16 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Matt Hendrick Hoaglund	FULL MAIDEN NAME	Anna Louisa Finn
RESIDENCE	Kellogg Idaho.	RESIDENCE	Kellogg.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mill-man (ore-mill)	OCCUPATION	House-wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10-15 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McTrachin
M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kellogg, Idaho

Filed Nov 20 1913 H C Minney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

569 [illegible] 69

PLA[illegible]

[illegible] V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF [illegible]

County of [illegible]

City of Black Cloud

Registration District No. 122

File No. 17914

No. ....., ... St.

Primary Registration District No. 2200

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~Alfred Nordquist~~ ALBIN THEODORE NORDQUIST

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male			6	yes	NOV 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alvin Nordquist	FULL MAIDEN NAME	Caroline Nordquist
RESIDENCE	Black Cloud	RESIDENCE	Black Cloud
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.58 P.M. ~~[illegible]~~ A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leonard E. Hanson M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Wallace Idaho

Filed NOV 30 1913 Herbert C. Mowery

Registrar

Registrar

S-Y CO., 16670

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Clatsop

Certificate No. 17914

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alfred Nordquist (Name on Original Certificate) who was born (Was Born or Died) on Nov 19, 1913 (Date of Event)
in Wallace Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alfred	Albin Theodere Nordquist

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed Karoline Ingren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Clatsop

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of August, 1944
John Svenson
Notary Public, residing at Astoria Ore

My commission expires
(Seal)

NOTARY PUBLIC FOR OREGON
My Commission Expires

Signed Emanuel Ingren
(Signature of Any Credible Person Other Than Previous Year)

Astoria, Ore
(Street Address, City, State)
721-7th

SEP 4 1945

594 219-000-873

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Registration District No. 122 File No. 17915

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Margaretha Ingebary Erickson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl				Yes	Aug (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henning Erickson	FULL MAIDEN NAME	Margarette Halleen Alm
RESIDENCE	Larson Ida	RESIDENCE	Larson Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Carpenter	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Filed Aug 20 1913 F W Rolfs

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Nov 15 '13 H. S. Mowery

dup of 1913-340892

417-110

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Burke

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-3-7

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 17916

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD John Maggi

Sex of Child	Twin, Triplet or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
M	One		Y	Nov 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Maggi	FULL MAIDEN NAME	Charlotta Malnoti
RESIDENCE	Burke Ida	RESIDENCE	Burke
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Burke Ida

Filed Nov 20 1913 Herbert C. Mowery

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

D

RESERVED FOR BINDING
WITH UNDERLYING PAPER

STATE OF IDAHO
Bureau of Vital Statistics

Form V. S. No. D-10m 5-53

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Salmon

Registration District No. 14

File No. 17917

No. ..... St.

Primary Registration District No. 2116

Registered No. 23

Hospital .....

FULL NAME OF CHILD Clarence Orne Farling

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 14th 1913

FATHER		MOTHER	
FULL NAME	M J. Farling	FULL MAIDEN NAME	Louise Boulanger
RESIDENCE	Salmon Ida.	RESIDENCE	Salmon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	N. Y.	BIRTHPLACE	Calif
OCCUPATION	Labor	OCCUPATION	H. wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Wright M.D.

Salmon Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

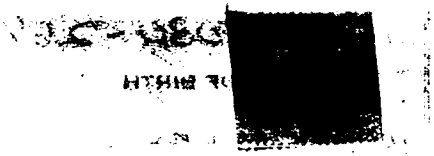
..... Registrar

Address .....

Filed 11-20 1913 Helen L. Smith
Registrar

8-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS



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652-217-030-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17918

Registration District No. 4 File No. .....

Primary Registration District No. 2116 Registered No. 24

FULL NAME OF CHILD Delilah May Webb

Sex of Child Female | Twin, Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? Yes | Date of Birth Nov. 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Edward Webb	FULL MAIDEN NAME	Mamie L. Abbey
RESIDENCE	Near Salmon Ida	RESIDENCE	Near Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Montana
OCCUPATION	Farming	OCCUPATION	Home wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9-20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M. D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 11-20- 1913 Helen L. Smith Registrar

8-Y CO. 24688

Form V. S. No. IIa-(Rev. 1-18)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1915

792

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lemhi

City of Salmon

No. ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. ~~47~~ 42 2116

File No. 17919

Primary Registration District No. ~~7117~~

Registered No. 25

FULL NAME OF CHILD ~~Dusham Gerkovich~~ DUKE GRKOVIC

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
m.		Yes	11 12 1913

FATHER	MOTHER
FULL NAME: Eli Gerkovich GRKOVIC	FULL MAIDEN NAME: Zorka Dokmanovich
RESIDENCE: Salmon Ida	RESIDENCE: Salmon Ida
COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Austria Hungary	BIRTHPLACE: Austria Hungary
OCCUPATION: Day laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

(Physician or Midwife)

Given names added from a supplemental report

December 2 1913

Helen L. Smith
Registrar

Address Salmon, Ida

Filed 11-26 1913 Helen L. Smith
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

3/19/41 L. P.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of LEMHI }

Certificate No. 17919

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dushan Gerkovich (Name on Original Certificate) who Born (Was Born or Died) on November 12, 1913 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Gerkovich	Grkovic
Name	Dushan	Duke

Subscribed and sworn to before me this 2nd day of November, 1942.

Notary Public, residing at Salmon, Idaho.

My commission expires 2/27/44
(Seal)

Signed Zorka Grkovic
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1942.

Notary Public, residing at Salmon, Idaho.

My commission expires 2/27/44
(Seal)

Signed Eli Grkovic
(Signature of Any Credible Person Other Than Previous Year)

Salmon, Idaho
(Street Address, City, State)

15

XXXXX

JAN 5 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Lewis

City of Salmon

No ....., ... St.

Hospital .....

CERTIFICATE OF BIRTH

17920

Registration District No 47 42 File No .....

Primary Registration District No 2116 2447 Registered No 26

FULL NAME OF CHILD John Vernon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m.			Yes	11 14 1913

FATHER

FULL NAME John B. Hill

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Missouri

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Hannie Petersen

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Sweeden

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel

(Physician or Midwife)

Given names added from a supplemental report

Address Salmon Ida

....., 19.....

Filed 11-26-1913 Helen L. Smith

.....
Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

JAN 15 1942

JAN 23 1942

766-124-030-385

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ....., ... St.

Hospital .....

Registration District No. ~~27~~ 42 File No. 17921

Primary Registration District No. ~~21~~ 2116 Registered No. 27

FULL NAME OF CHILD James Henry Goforth

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
m.		Yes	11 (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John S. Goforth	FULL MAIDEN NAME	Katie Rose Thebold
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Colorado
OCCUPATION	Dredge Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.50 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammer

Salmon.

(Physician or Midwife)

Given names added from a supplemental report

December 6 1913

Helen L. Smith

Registrar

Address .....

Filed 11-26 1913 Helen L. Smith

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

767-212-030-342

Form V. S. No. [redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Shoup

No. _____ St.

Hospital _____

Registration District No. 42 File No. 17922

Primary Registration District No. 2116 Registered No. 28

FULL NAME OF CHILD Alice Walcot Pope

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur William Pope	FULL MAIDEN NAME	Clara Lusk
RESIDENCE	Shoup, Idaho	RESIDENCE	Shoup, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Helen L Smith Reg.

No physician & no midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Salmon Idaho

Filed 12-5-1913 Helen L Smith
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 1[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Rosebury — Registration District No. 15 — File No. 17923

No. ____ St. — Primary Registration District No. ____ — Registered No. ____

Hospital ____

FULL NAME OF CHILD Oliver M Malach

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth
Male			yes	Nov. (Month) 9 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Franklin H. Malach	Sarah M Imlay
RESIDENCE	Rosebury Idaho	Rosebury Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	41
BIRTHPLACE	Ill.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7th — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Compton M.D.

(Physician or midwife)

Address Rosebury

Given names added from a supplemental report

....., 19.....

Filed Nov. 15 1913 F. H. Compton R[redacted]

S-Y CO. 20174 Registrar

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

1940

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bois

City of Roseberry

Registration District No. 15

File No. 17924

No. ..... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Walter Randa

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 5 (Day) 1923 (Year)

FATHER		MOTHER	
FULL NAME	Nickolas Randa	FULL MAIDEN NAME	Emma Allendon
RESIDENCE	Roseberry Idaho	RESIDENCE	Roseberry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nickolas Randa

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Roseberry Idaho

Filed Nov 15 1923 O. H. Compton

Registrar

8-Y CO. 20174

Form V.S. No. 11-C—20m-2-11-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 11 1942

PLACE OF BIRTH

County of

349-118-008-763

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Rosebery

No. ..... St.

Hospital .....

Registration District No. 15

File No. 17925

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD - Curtis - Jesse Terrell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse B. Curtis	FULL MAIDEN NAME	Edith M. Pottinger (Pottenger)
RESIDENCE	Rosebery Idaho	RESIDENCE	Rosebery
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hansas City Md.	BIRTHPLACE	Rosebery Idaho
OCCUPATION	Livery Man	OCCUPATION	House Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Compton M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rosebery Ida

Filed Nov. 24 1913 F. H. Compton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11/4/40 L.B.

238-112

PLA[redacted]

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of [illegible]

City of Ahsaka

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 17926

Primary Registration District No. 2168 Registered No. 72

FULL NAME OF CHILD Fred Earl Schuricht

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	F. J. Schuricht	FULL MAIDEN NAME	Effie B. Rothbone
RESIDENCE	Tekoa Wn	RESIDENCE	Tekoa, Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	..... (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Nebr
OCCUPATION	Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Dec 1 1913 J. M. Fairly Registrar

..... Registrar

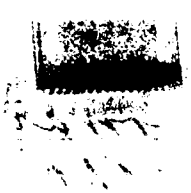
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS



JUN 7 1962

231-216-018-694

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ..... St.

Hospital .....

Registration District No. 90 File No. 17927

Primary Registration District No. 2168 Registered No. 73

FULL NAME OF CHILD Myrtle A. Stalnaker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. E. Stalnaker	Myrtle L. Wadsworth
RESIDENCE	Ahsahka Ida	Ahsahka, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	33
BIRTHPLACE	W. Va.	Ind
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby
(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

..... 19.....

Filed Nov 16 19 13 J. M. Darby
Registrar

..... Registrar

S-Y CO. 24655

State of Idaho, County of Clearwater, Marriage License and Certificate, married Nov. 19, 1939 at Orofino, Idaho gives full name of groom as Harlan Horton and full name of bride as Myrtle A. Stalnaker - viewed by V.S.

Short Form Mortgage, dated Nov. 18, 1946, State of Idaho, County of Clearwater, gives full names as Harlan Horton and Myrtle A. Horton, wife - viewed by V.S.

name added as Myrtle A. Stalnker because documents did not give full middle name - 4-3-67.

AFFIDAVIT

My name is EDWARD STALNAKER, Box 288, Orofino, Idaho 83544. My age is 71, having been born May 1,1895. Myrtle Alvernon Stalnaker Horton is my first cousin, whom I have known since the date of her birth. Myrtle Alvernon Stalnaker was born at Ahsahka, Idaho on November 16,1913, the daughter of Lewis and Myrtle Stalnaker.

At the time of Myrtle Alvernon Stalnaker's birth, it is my understanding that the Certificate did not list her name, giving it merely as "unknown". She was soon thereafter given the name Myrtle Alvernon Stalnaker, and has been known by that name ever since, with the subsequent addition of her married name of Horton.

State of Washington

County of Walla Walla

Before me, a Notary Public in and for the said county personally appeared Edward Stalnaker, who being duly sworn according to law, deposes and says that the above is true to the best of his/her knowledge and belief, further affiant sayeth not.

Edward Stalnaker

Sworn & subscribed to before me on this 13th day of January, 1967.

Cyril P. Brandt
Notary Public

APR 3 1967

613-120-018-263

Amended 8-3-62

(Be sure the information is complete and accurate)

State File No. 17928

Local Reg. No. 74

Reg. Dist. No. 90

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russell

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russell

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Kenneth

b. (Middle): Earl

c. (Last): Walker

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 20, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Edwin

b. (Middle): E.

c. (Last): Walker

8. COLOR OR RACE: White

9. AGE (At time of this birth): 32 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Iowa

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sylvia

b. (Middle):

c. (Last): Kolmorgan

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mich.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. M. Fairly

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Orofino, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 20, 1913

20. REGISTRAR'S SIGNATURE: J.M. Fairly

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17928

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Walker (male child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 20, 1913 (Date of Event)
in Russell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kenneth Earl Walker
Full Name of Father	Edward E. Walker	Edwin E. Walker

Subscribed and sworn to before me this 23 day of ....., 19 61

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of ....., 19 61

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60. 155

CL 8-8-61. one copy pd. receipt #45-16874.

Group Insurance Certificate, AEtna Life Insurance Co., Ross Lumber Company, Inc. - cert. no. 287-effective date 4-1-55 gives full name as Kenneth Earl Walker, beneficiary is given as Adaline E. Walker, wife- viewed by V.S.

Cert. Copy of Own Child's Birth Cert., copy issued Sept. 22, 1961, Stateof Oregon, gives child's full name as Kenneth Gerald Walker, born Feb. 28, 1937 at Burns, Oregon to Kenneth Earl Walker, age 23, born in Orofino, Idaho and Adaline Emma Sutton, age 19, born in Thornton, Idaho - viewed by V.S. State Registered No. 17 -

State of Idaho, County of NezPerce, Marriage License and Certificate, No. 1793, license obtained Dec. 20, 1909, married Dec. 22, 1909 at Kamiah, Idaho gives full name of groom as Edwin E. Walker and full name of bride as Sylvia M. Kolmorgan - married by W. M. Daniel - viewed by V.S.

State of Oregon, Cert. Copy of Voter's Registration, copy issued 8-25-1961 - gives full name of voter as Kenneth E. Walker, age 38, parent's names are given as Edwin E. Walker and Sylvia Walker, born in Orofino, Idaho - original date of registration - Sept. 25, 1952 - viewed by V.S.

395-225-018-713

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

Registration District No. 90 File No. 17929

No. ..... St.

Primary Registration District No. 2158 Registered No. 75

Hospital .....

FULL NAME OF CHILD Ella Louise Linstrom

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels Linstrom	FULL MAIDEN NAME	Bertha Palmer
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Nebr
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McFairly
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Nov 25 1913 J. McFairly
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1994

613-217
OR-469

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital

Registration District No. 90 File No. 17930

Primary Registration District No. 218 Registered No. 76

FULL NAME OF CHILD Hazel Mae Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—— and ——	——	Yes	Nov 17 191[illegible]

FATHER		MOTHER	
FULL NAME	Clyde C Watson	FULL MAIDEN NAME	Zona Watts
RESIDENCE	Fraser Idaho	RESIDENCE	Fraser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

(Signature) Ede V Harwell

(Physician or midwife)

Address Orofino Ida

Filed Dec 1 1913 J W Darby Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made of each, in order of birth stated.

33
24

[redacted] STATE OF [redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF [redacted]

County of [redacted]

City of Oro Vista

Registration District No. 90 File No. 17931

No. ..... St.

Primary Registration District No. 2168 Registered No. 77

Hospital

FULL NAME OF CHILD. GRACE [redacted] PEARL Patterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X		X	Yes	Nov 17 1913

FATHER		MOTHER	
FULL NAME	James A Patterson	FULL MAIDEN NAME	Pearl Eastep
RESIDENCE	Oro Vista Ida	RESIDENCE	Oro Vista
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE	West Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), on the date above stated, at 8A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Horsurd

Physician

(Physician or midwife)

Address Oro Vista Ida

Filed Dec 1 1913 J. M. Family

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number stated in order of birth.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of W Va } ss.
County of Wayne }

Certificate No. 17931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pearl G (Name on Original Certificate) who was born (Was Born ~~or Died~~) on Nov 16 - 1913 (Date of Event)
in Arizona Globe (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Identification Card (Bible Record, Insurance Policy, Etc.) prepared on Jan 13, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Pearl G.	Grace Pearl Patterson

Subscribed and sworn to before me this 6
day of July, 1942.

Notary Public, residing at Kenova W Va
My commission expires March 10-1943
(Seal)

Signed Pearl Patterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Huntington W Va Route 4
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of W Va } ss.
County of Wayne }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ Her knowledge.

Subscribed and sworn to before me this 6
day of July, 1942.

A. F. Hardwick Notary

Notary Public, residing at Kenova W Va
My commission expires March 10-1943
(Seal)

Signed Grace Pearl Patterson
(Signature of Any Credible Person Other Than Previous Year)

Huntington W. Va. Rt. #4
(Street Address, City, State)

APR 19 1974

1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

City of ~~Caldwell~~ Notus

Registration District No. 3

File No. 17932

No. ..... St.

Primary Registration District No. 2005

Registered No. 223

Hospital No.

FULL NAME OF CHILD Saul Louis Brooks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. Brooks.	FULL MAIDEN NAME	Hilda Sherman
RESIDENCE	~~Caldwell~~ Notus.	RESIDENCE	~~Caldwell~~ Notus
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Nov. 11 1913 John S. Meyer

Registrar

Registrar

R-Y CO. 20175

[redacted]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 2/24/69

392-207-014-319

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 17933
Local Reg. No.
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Agnes
b. (Middle): Lois
c. (Last): Tish

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): November 7, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Tish

8. AGE (At time of this birth): 28 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Nebraska
10. USUAL OCCUPATION: Rancher
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Edna
b. (Middle):
c. (Last): Carey

13. AGE (At time of this birth): 30 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Indiana
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. S. J. Miller
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Caldwell, Idaho
20. DATE SIGNED: November 11, 1913
21. DATE REC'D BY LOCAL REG.: November 11, 1913
22. REGISTRAR'S SIGNATURE: John S. Meyers
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY: 40 WEEKS
WEIGHT AT BIRTH: ____ LBS. ____ OZS.
RACE OR COLOR OF FATHER: white
RACE OR COLOR OF MOTHER: white
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 12 1969
Bureau of Vital Statistics

State of Idaho } ss.
County of Canyon

Certificate No. 17933

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Agnes Tish (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Agnes Tish	Agnes Lois Tish

Subscribed and sworn to before me this 11th day of February, 19 69
W. E. Fogg
Notary Public, residing at Wilder, Idaho
My commission expires April 4, 1970
(Seal)

Signed John B. Tish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2 Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 11th day of February, 19 69
W. E. Fogg
Notary Public, residing at Wilder, Idaho
My commission expires April 4, 1970
(Seal)

Signed Glenna P. Tuning
(Signature of Any Credible Person)

Route 2 Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2-3-69 1 copy paid

Family Register of John B. Tish and Edna Carey shows Agnes Lois born November 7, 1913. Viewed by VS.

A church record from the Greenleaf Friends Church that say Agnes Lois Tish Born Noevember 7, 1913, Canyon County, Idaho to John Berley Tish and Edna Carey Tish. Viewed by VS.

City of Caldwell — Registration District No. 3 — File No. 17934

No. 1120 Albany St. — Primary Registration District No. 1005 — Registered No. 225

Hospital — 2

FULL NAME OF CHILD Harper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single	1st	Yes	11 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl L. Harper	Emma Parr
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	20	20
BIRTHPLACE	Kansas	Soda Springs
OCCUPATION	Carpenter	Housemaid

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Johnson

(Physician ~~or midwife~~)

Address Caldwell Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 11 1913

John S. Meyer
Registrar

B-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RE... must be made for each child, in order of birth

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) [illegible]

[illegible]

662-109-037-8

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oyhee

City of Homedale

No. ..... St.

Hospital No.

Registration District No. 3

File No. 17935

Primary Registration District No. 2005

Registered No. 226

FULL NAME OF CHILD Barney Dillon Owsley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	B. B. Owsley	FULL MAIDEN NAME	Christina Hallar
RESIDENCE	Homedale	RESIDENCE	Homedale
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wash.	BIRTHPLACE	Louisiana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

B.N.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Nov. 19 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Whitman }

Certificate No. 17935

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Barney Dillon Owsley (Name on Original Certificate) who was born (Was Born or Died) on Nov-9-1913 (Date of Event) in Homedale Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal Knowledge (Bible Record, Insurance Policy, Etc.) prepared on being father (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
birthdate	Nov. 8, 1913	Nov. 9, 1913

Subscribed and sworn to before me this 5th day of March, 1942

H J Weeny

Notary Public, residing at Colfax Wash

My commission expires

(Seal)

Signed John B. Owsley.

(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

S 325 Main Colfax Wash

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Garfield }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1942

[illegible]

Notary Public, residing at Pomeroy, Wash.

My commission expires Aug. 18, 1942

(Seal)

Signed Mrs Harriet Owsley

(Signature of Any Credible Person Other Than Previous Year)

Pomeroy, Wash.

(Street Address, City, State)

MAY 5 1942

MAY 18 1942

818-109-014-595

PLACE OF BIRTH

Form V. S. No. 11-

[redacted] OF IDAHO
[redacted] VITAL STATISTICS

[redacted]ICATE OF BIRTH

County of Canyon

City of Caldwell ~~Nampa~~ Nampa - Rural

Registration District No. 3

File No. 1793

No. ..... St.

Primary Registration District No. 2005

Registered No. 227

Hospital Yes

FULL NAME OF CHILD Frederic Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. 9 1913 (Month) (Day)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	L. H. Haylett.	FULL MAIDEN NAME	Maud Vinson
RESIDENCE	Nampa RFD	RESIDENCE	Nampa RFD
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Mo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Nov. 11 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1942

443-110-[illegible]

[illegible]

County of Canyon

City of Caldwell

Registration District No. 3

File No. 17937

No. 700 Elgin St.

Primary Registration District No. 2005

Registered No. 228

Hospital no.

FULL NAME OF CHILD Stanley Archibald Mullinix

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male.		Yes.	Nov. 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank M. Mullinix	FULL MAIDEN NAME	Etta Ellen Maysonholder.
RESIDENCE	Rockville - Oregon	RESIDENCE	Rockville Or.
COLOR	White - AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 23 - (Years)
BIRTHPLACE	Nevada -	BIRTHPLACE	Idaho.
OCCUPATION	Farmer -	OCCUPATION	Housewife -

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive - at 3.35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer -

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell - Idaho -

Filed Nov. 10 - 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 9 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

Reg. No.

795-113-014-795

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 17938

Primary Registration District No. 2005 Registered No. 229

FULL NAME OF CHILD Lowell Meade Prevo

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov. (Month) 13 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mead Prevo.	FULL MAIDEN NAME	Blanch Grenfield
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Nov. 19 1913 John S. Meyer

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT [illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

556-119-014-657

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF V[redacted]

Form V. S. No. [redacted]

County of Cary

City of Notus

Registration District No. 3

No. ..... St.

Primary Registration District No. 2005

Registered No. 231

Hospital

FULL NAME OF CHILD Ivan Woodrow

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	Single	4"	Yes	Nov. 19 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jas. B. Newport.	FULL MAIDEN NAME	Emma Wignall
RESIDENCE	Notus Ida.	RESIDENCE	Notus
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	[illegible]
BIRTHPLACE	Mo.	BIRTHPLACE	Payson Utah.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 12:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Nov. 28 1913 John S. Meyer

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 30 1941

862-120-0.

PLACE OF BIRTH

County of [redacted]

City of Middleton

Registration District No. 3 File No. 17941

No. ..... St.

Primary Registration District No. 2005 Registered No. 232

Hospital No.

FULL NAME OF CHILD Larry L HOSKINS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Nov. 20 1913

FATHER		MOTHER	
FULL NAME	Gilbert Hoskins	FULL MAIDEN NAME	Arlene Hadley
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 3 1/2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

BVM

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 28 1913 John L. Meyer

Registrar

.....

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OREGON
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
OCT 2 1942

133-224-014-258

PLACE OF BIRTH

IDAHO

STATISTICS

BIRTH

Form V. S. No. 11-[illegible]

County of Canyon

City of Caldwell

Registration District No. 3

File No. 17942

No. ____ St.

Primary Registration District No. 2005

Registered No. 233

Hospital No.

FULL NAME OF CHILD Gettie Elva Allison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Nov. 24 1913

FATHER		MOTHER	
FULL NAME	C. C. Allison	FULL MAIDEN NAME	Ada Keys.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

B4

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

Filed Nov. 28 1913 John S. Myers Registrar

..... Registrar

B-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 18 1973

316-127-014-4-7

PLACE OF BIRTH

County of Canyon

City of Caldwell Rur. Registration District No. 3 File No. 17943

No. St. Primary Registration District No. 2005 Registered No. 234

Hospital

FULL NAME OF CHILD James B. Lafferty

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			yes.	Nov. 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George B. Lafferty	Elizabeth B. Mead
RESIDENCE	Caldwell, Rur.	Caldwell Idaho
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	30	40
BIRTHPLACE	Ohio	Connecticut
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) John S. Meyer

(Physician or midwife)

Address Caldwell, Idaho.

Filed Nov. 26 1913 John S. Meyer Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

384-128-014-454

PLACE OF BIRTH

Form V. S. No. 11—10m-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 17944

No. ..... St.

Primary Registration District No. 2005

Registered No. 235

Hospital No.

FULL NAME OF CHILD Chas. Edward

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Nov - 28 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas J Thurston	FULL MAIDEN NAME	Hazel Clement
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho,
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BY

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Nov 28 1913 John S. Meyer

Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 19 1942

PART 1

365-130-014-249

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3

File No. 17945

Primary Registration District No. 2005

Registered No. 236

FULL NAME OF CHILD Fred William

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	—	yes	Nov - 30 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. A. Conger	FULL MAIDEN NAME	Bessie Smith
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Neb.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BN

(Physician or midwife)

Address Caldwell Ida

Filed Dec. 8 1913 John S. Meyer Registrar

**Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20175

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 16 1971

253-[illegible]-313

PLACE OF BIRTH

STATE [illegible]
BUREAU OF [illegible]
CERTIFI[illegible]

[illegible] 11—10m-2-15-12

County of Canyon

City of Caldwell

Registration District No. 3

File No. 17946

No. ..... St.

Primary Registration District No. 2005

Registered No. 237

Hospital No.

FULL NAME OF CHILD Elizabeth H. Bethel

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	yes	Dec - 2 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C Bethel	FULL MAIDEN NAME	Julia Lacey
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Arkansas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell, Ida.

Filed Dec. 8 1913

John S. Meyer
Registrar

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 15 1942

MAR 24 1942

JAN 10 1951

JUL 9 1957

AUG 1 1973

913-208-014-356

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 17947

Primary Registration District No. 2005 Registered No. 238

FULL NAME OF CHILD Margaret Susanna Ralph

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	yes	12 - 8 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Ralph.	FULL MAIDEN NAME	Ruth Lewis
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. M. Cole

BM

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida.

Filed Dec. 8 1913 John S. Meyers Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-204-035-995

[redacted]

PLACE OF BIRTH

[redacted]

[redacted]ATE OF IDAHO
OF VITAL STATISTICS

[redacted]TIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 96 File No. 17948

No. ..... St.

Primary Registration District No. 1009 Registered No. 44

Hospital .....

FULL NAME OF CHILD Elizabeth Garby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		yes	Oct. 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Wm Garby	FULL MAIDEN NAME	Elizabeth Rimmels Pacher
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W. AGE AT LAST BIRTHDAY 36 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Germany Belgium	BIRTHPLACE	Lewiston Iowa
OCCUPATION	Florist	OCCUPATION	H. W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David H. Ransom
(Physician or midwife)

Address Clarkston, Wash

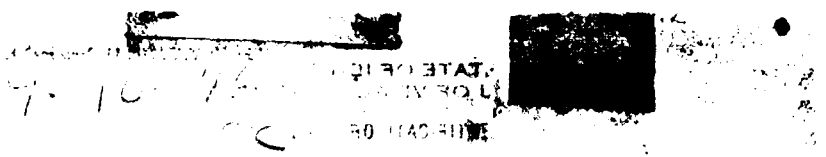
Filed Dec 10 1913 S. J. Perkins
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174



553-103-035 [redacted]

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—1[illegible]-3-7-11

County of Nez Perce

City of Lewiston

No. 1726, 7 Ave St.

Hospital

Registration District No. 96

File No. 17949

Primary Registration District No. 1009

Registered No. 45

FULL NAME OF CHILD Walter Neal Nelson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	One	1st	Yes	Nov 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	N. R. Nelson	FULL MAIDEN NAME	Winona
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Mill Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 45 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

Lewiston

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec. 10 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 20 1960

CHAGI SC STATE

JUL 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

216 - 203-035-546

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 428, 6 Ave St

Hospital —

Registration District No. 96 File No. 17950

Primary Registration District No. 1009 Registered No. 46

FULL NAME OF CHILD Frances Genevieve Kjoreness

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One	4	Yes	Nov 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. S. Kjeseness	FULL MAIDEN NAME	Maud Edwards
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Oregon
OCCUPATION	Lumber Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

Lewiston Ida

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Dec 10 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

154-206-035-942

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1307 - 16th Ave.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 17951

Primary Registration District No. 1009 Registered No. 47

FULL NAME OF CHILD Nessa Anna Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov. 6 1913

FATHER		MOTHER	
FULL NAME	Robert Andrews	FULL MAIDEN NAME	Anna Rubensen
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	60	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Wis	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or ~~midwife~~)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 10 1913 L. J. Perkins

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

955-210-035-799

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph's

Registration District No. 96 File No. 17952

Primary Registration District No. 1009 Registered No. 48

FULL NAME OF CHILD Charlotte Virginia Reeves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	A. Ray Reeves	FULL MAIDEN NAME	Alice W. Griffin
RESIDENCE	Clarkston Wash	RESIDENCE	Clarkston Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Grocer	OCCUPATION	Housewife

Number of child of this mother, including present birth two Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) David H Ransom M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Clarkston Wn

Filed Dec 10 1913 L J Perkins Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-115-035-415

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. X, 2 8th St.

Hospital

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 9c — File No. 17953

Primary Registration District No. 1009 — Registered No. 49

FULL NAME OF CHILD George Elmer Parkins.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 18 1913

FATHER		MOTHER	
FULL NAME	Claude E. Parkins	FULL MAIDEN NAME	Carrie Mann
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	Switchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D. (Physician or Midwife)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Dec. 10 1913 L.O. Perkins Registrar

SVMS - YORK CO., PTRS. & BDRS. 17826

JAN 12 1951

JUL 8 1955

261-118-035-231

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 719, 5th Ave

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 96 — File No. 17954

Primary Registration District No. 1009 — Registered No. 50

FULL NAME OF CHILD Joseph Stanton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 18, 1913

FATHER		MOTHER	
FULL NAME	Kenneth Dupee Swan	FULL MAIDEN NAME	Bertha Stanton
RESIDENCE	Missoula Mont.	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mass.	BIRTHPLACE	New York.
OCCUPATION	Forest Assistant.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1913 L. J. Perkins

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

JAN 20 1942

693-222-035-493

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perse

City of Lewiston

No. ....., ... St.

Registration District No. 96 File No. 17958

Hospital Yes

Primary Registration District No. 1009 Registered No. 54

FULL NAME OF CHILD Hellen Pauline Wilson

Sex of Child Female	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Nov 22nd (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Erving L Wilson	FULL MAIDEN NAME Nina A Mitchell
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Near Lexington Ky.	BIRTHPLACE Staples Minn
OCCUPATION R R Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Shourse MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Dec 10 1913 L. G. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 6 1964

365-223-035-962

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No ....., ... St.

Registration District No. 96 File No. 17959

Hospital Yes

Primary Registration District No. 1009 Registered No. 55

FULL NAME OF CHILD Rachel Conover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Nov 23rd 1913

	FATHER	MOTHER
FULL NAME	Arvin S Conover	FULL MAIDEN NAME Leda C Ross
RESIDENCE	Lewiston	RESIDENCE Lewiston
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Middletown N Jersey	BIRTHPLACE Germantown Pa.
OCCUPATION	Civil Engineer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11—a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Conover M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Dec 10 19 13 L. J. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

P.L. 4-21-41

AUG 20 1971

365-129-035-391

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ~~[illegible]~~ Nez Perce

City of Lewiston

No. 405 Prospect Ave St.

Hospital

Registration District No. 96

File No. 17962

Primary Registration District No. 1009

Registered No. 58

FULL NAME OF CHILD Ralph Crapo Loring

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Only	1st	yes	Nov 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph S Loring	FULL MAIDEN NAME	Guy Howland Crapo
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mass	BIRTHPLACE	Burlington Iowa
OCCUPATION	Architect	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 A. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed Dec 10 1913 L C Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 16 1953

393-229-035-217

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 817, 10th St.

Registration District No. 96 File No. 17963

Primary Registration District No. 1009 Registered No. 59

Hospital

FULL NAME OF CHILD Mary Frances Little

Sex of Child Female	Twin, Triplet or other? Single and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Nov. (Month), 29th (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred Little	FULL MAIDEN NAME	Martha Taylor
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sansing

Physician (Physician or Midwife)

Given names added from a supplemental report

Address

, 19

Filed Dec 10 1913 L. G. Perkins Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

866-108-044-319

PLACE OF BIRTH

County of Washington

City of Weiser

No ____, ____ St.

Hospital ____

[redacted] OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. [illegible] 86 File No. 17964

Primary Registration District No. 2163 Registered No. 14

FULL NAME OF CHILD Lester J. Stowd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Aug 8, 1913

FATHER	MOTHER
FULL NAME Jewel Stowd	FULL MAIDEN NAME Edith Barnes
RESIDENCE Weiser R.F.D. 1	RESIDENCE Weiser R.F.D.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Wyo	BIRTHPLACE Wash.
OCCUPATION Farmer	OCCUPATION Housekeeper

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated. at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Mitchell

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Oct 1st 1913 W. R. Hamilton Registrar

BYNS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 8 1942

354-101-044-234

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ——— St.

Hospital ———

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 17965

Primary Registration District No. 2163 Registered No. 30

FULL NAME OF CHILD James Jas Steele Temple

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	✓	yes	Oct 1 1913

FATHER

FULL NAME Howard Temple

RESIDENCE Weiser Idaho

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Hamilton Mo.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Loyd A. Steele

RESIDENCE Weiser Idaho

COLOR white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Altamont Mo

OCCUPATION housewife

Number of child of this mother, including present birth ———

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 2.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard Temple
father of child
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

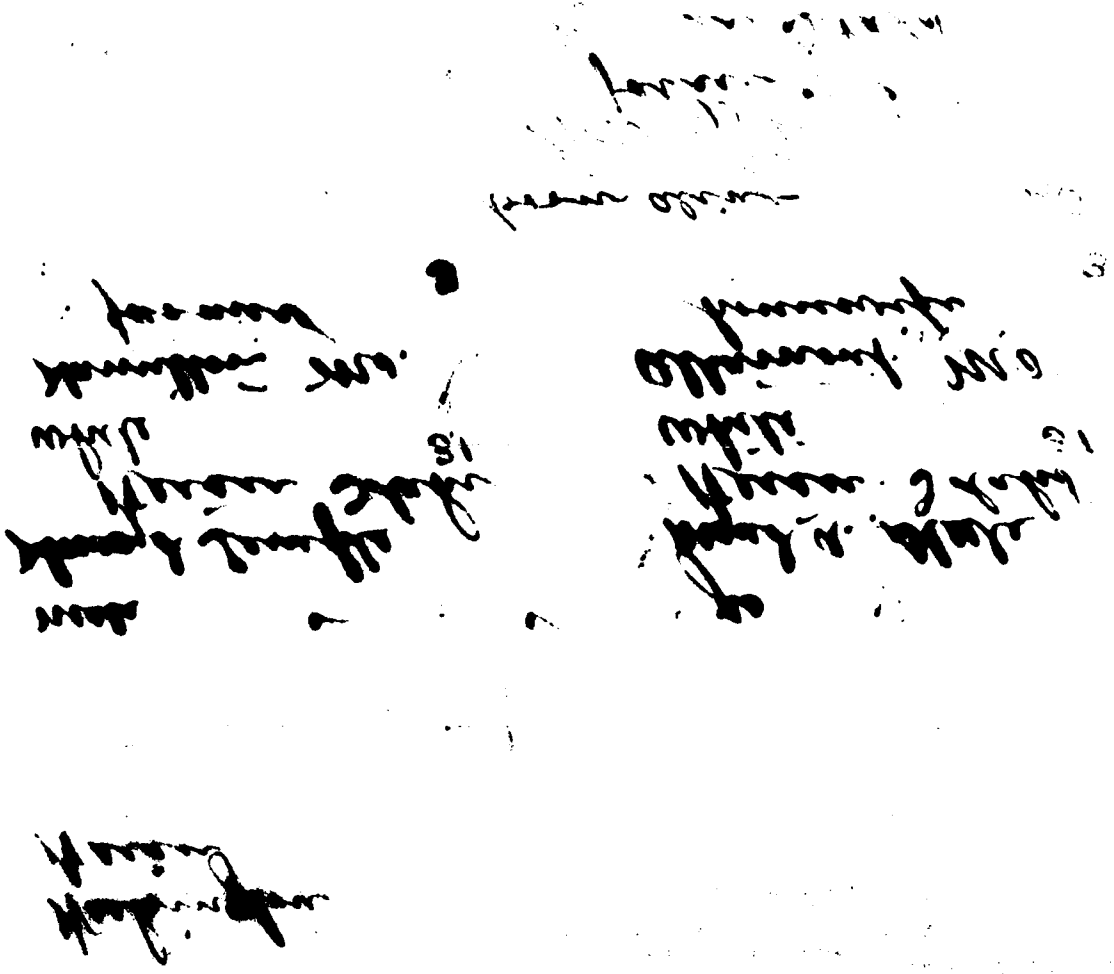
..... 19.....

Filed Nov 1st 1913 W. S. Hamilton
Registrar

..... Registrar

8-Y CO. 20174

Certified Copy issued Dec. 2, 1940. E.W.



714-105-044-249

PLACE OF BIRTH

Form V. S. No. 11-C—12m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17966

County of Washington

City of Weiser

Registration District No. 86

File No.

No. ..... St.

Primary Registration District No. 1010

Registered No. 31

Hospital

FULL NAME OF CHILD Charles William Gano

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	October 5 1913

FATHER		MOTHER	
FULL NAME	Geo Gano	FULL MAIDEN NAME	Alta Smith
RESIDENCE	Weiser Idaho	RESIDENCE	Butte Montana
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Vale Oregon	BIRTHPLACE	Weiser Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed Nov 1st 1913 W. R. Hamilton

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1947

MAR 7 1956

AUG 28 1975

JUN 22 1942

1007

555-209-044-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser — Registration District No. 86 — File No. 17967

No. 1017 E. Commercial — Primary Registration District No. 1010 — Registered No. 32

Hospital

FULL NAME OF CHILD Eleanor Nevitt

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	19 (Year)
Female	# (To be answered only in event of plural births)	1	Yes	10	9	13

FATHER		MOTHER	
FULL NAME	William Lester Nevitt	FULL MAIDEN NAME	Sarah Elizabeth Ward
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) [signature]

(Physician or midwife)

Address Weiser, Idaho

Filed 10/10 1913 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

416-111-044-215

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 86

File No. 17968

No. 7, — St.

Primary Registration District No. 1010

Registered No. 33

Hospital —

FULL NAME OF CHILD Verl Edward Dawson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	11-11-13

FATHER		MOTHER	
FULL NAME	Thos Dawson	FULL MAIDEN NAME	Bonnie Virginia Saunders
RESIDENCE	Weiser.	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31.
BIRTHPLACE	Mercer Co. West Virginia	BIRTHPLACE	Mercer Co. West Virginia
OCCUPATION	Laborer.	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2-30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 11/12/ 19 13 W. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 17968

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1913 (Date of Event)
in Keiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on November 11, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Verl Edward Dawson
name of mother	Doney Virginia Saunders	Donnie Virginia Saunders
birthdate	Oct. 11, 1913	Nov. 11, 1913

Subscribed and sworn to before me this 30th
day of April, 1942
Juanita Riley
Notary Public, residing at Bluefield, W. Va.
My commission expires Oct. 4th 1947
(Seal)

Signed Thomas L Dawson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 1 Box 225 Bluefield W. Va.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of W. Virginia }
County of Mercer } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th
day of April, 1942
Juanita Riley
Notary Public, residing at Bluefield, W. Va.
My commission expires Oct. 4th 1947
(Seal)

Signed Donnie Dawson
(Signature of Any Credible Person Other Than Previous Year)
Route 1 Box 225 Bluefield, W. Va.
(Street Address, City, State)

MAY 4 1942

MAY 2
19

599-213-044-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Mesa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17969

Registration District No. 86 File No. .....

Primary Registration District No. 2163 Registered No. R.I.P. 34

FULL NAME OF CHILD Erickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Oct 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Andrew Erickson	FULL MAIDEN NAME	Emma Rambo
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	55	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Stockholm Sweden	BIRTHPLACE	Weston Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Nov 1st 1913 W. R. Hamilton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-224-044-633

1008

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-18

CERTIFICATE OF BIRTH

Registration District No. 56 File No. 17970

Primary Registration District No. 2163. Registered No. 3 5.

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Female	# (To be answered only in event of plural births)		5	Yes	10	18	13

FATHER		MOTHER	
FULL NAME	James W. Campbell	FULL MAIDEN NAME	Lena Ottman
RESIDENCE	Weiser Valley, Idaho	RESIDENCE	Weiser Valley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl B. Thurley M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 10/15/ 1913 W. R. Hamilton

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

258-127-044-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17971

Registration District No. 86 File No. —

Primary Registration District No. 2163 Registered No. 26

FULL NAME OF CHILD Cecil Herbert Snyder

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	1	yes	Oct. 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert Snyder	FULL MAIDEN NAME	Bertha Melton
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Idaho

Filed Nov 1st 1913 W. R. Hamilton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 1942

413-130-044-551

1009

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser Valley

No. ..... St.

Hospital .....

Registration District No. 86 File No. 17973

Primary Registration District No. 2163 Registered No. 38.

FULL NAME OF CHILD Herbert Wayne Mackey

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	5	Yes	10 30 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elbert Lee Mackey	FULL MAIDEN NAME	Lena J. Evans
RESIDENCE	Weiser Valley, Idaho	RESIDENCE	Weiser Valley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 pm. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser, Idaho.

Filed 10/31/ 1913 W. R. Hamilton

Registrar

Registrar

S-Y CO. 20174

235-231-044-712

PLACE OF BIRTH AMENDED SEPTEMBER 24, 1953 STATE OF IDAHO

DEPARTMENT OF PUBLIC WELFARE

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Commercial St. Registration District No. 86 File No. 17974

Hospital Primary Registration District No. 1010 Registered No. 39

FULL NAME OF CHILD Beulah Katherine Bledsoe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	October 31, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Hayes H. Bledsoe	FULL MAIDEN NAME	Florence Page
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Laborer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician (Physician or midwife)

Address Weiser, Idaho

Filed Nov. 1, 1913 W. R. Hamilton

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 17974

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Age of Father	33	34
Number of Children now living, including present birth	5	4

Subscribed and sworn to before me this 24 day of Sept 1953

Mabel Felder

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Lucille A. Hill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weiser
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of Sept 1953

Mabel Felder

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed Eva M. Turnipseed
(Signature of Any Credible Person)

Baise
(Street Address, City, State)

FORM DPH - 51117

1010

452-231-044-314

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Warm Spring Creek

No. ..... St.

Hospital .....

Registration District No. 86

File No. 17975

Primary Registration District No. 2163

Registered No. 40

FULL NAME OF CHILD Elizabeth Maxine DeSpain

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	#	2	Yes	10 31 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Maxwell DeSpain	FULL MAIDEN NAME	Ella Josephine Campbell
RESIDENCE	Warm Spring Creek	RESIDENCE	Warm Spring Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Virginia	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Shirley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser, Idaho

Filed 10/31/1913

M. R. Hamilton
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-108-044-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. Cor 4th. Court St.

Hospital

Registration District No. 86 File No. 17976

Primary Registration District No. 1010 Registered No. 41

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 8 1913

FATHER		MOTHER	
FULL NAME	Earl Cavaugh	FULL MAIDEN NAME	Lillie Finley
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed 11/9/13 19.....

W. R. Hamilton

Registrar

SVMS - YORK CO., PTRS. & SDRS. 17826

Registrar

296-110-044-683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser.

No. —, — St.

Hospital —

Registration District No. 86 File No. 17977

Primary Registration District No. 1610 Registered No. 42

FULL NAME OF CHILD Sterling David Brown.

Sex of Child Male	Twin, Triplet or other? 0 and Number in order of birth 0 (To be answered only in event of plural births)	Legitimate? Yes.	Date of birth 11 (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Leon Brown	FULL MAIDEN NAME	Grace Wilson
RESIDENCE	Weiser Idaho.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Friend Nebr.	BIRTHPLACE	Western Nebr.
OCCUPATION	Machinist	OCCUPATION	H. Wife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician (Physician or Midwife)

Address Weiser. Idaho.

Given names added from a supplemental report

....., 19....

Filed 11/11/ 1913 W. R. Hamilton Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 7 1942

DEC 3 1942

412-216-044-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser.

No. ——, —— St.

Hospital ——

Registration District No. 56 File No. 17978

Primary Registration District No. 2163 Registered No. 43

FULL NAME OF CHILD Delpha Bernice Makin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
F	—	—	Yes	11 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Makin	Julia Garrett
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Union Co. Oregon	Grundy. Mo.
OCCUPATION	Farmer.	H. Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Fincher

Physician

(Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed 11/17/ 1913 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

JAN 25 1956

863-119-044-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. R 7 D No. 2 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 17980

Primary Registration District No. 2163 Registered No. 45

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Nov 19 4 1913

FATHER		MOTHER	
FULL NAME	Henry Holland	FULL MAIDEN NAME	Addie Curtis
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	South Dakota	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Oregon
		OCCUPATION	Housewife

Number of child of this mother; including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 45 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton - M.D.

(Physician or Midwife)

Address Weiser Ida.

Given names added from a supplemental report

....., 19.....

Filed 11/14/ 1913 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

366-222-044-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. 656 W. Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 17981

Primary Registration District No. 1010 Registered No. 46.

FULL NAME OF CHILD Edith Frances Lewis.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.				Yes	Nov 22nd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Lewis.	Frances May Belknap.
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	28.	20.
BIRTHPLACE	England.	Oregon.
OCCUPATION	Brick mason.	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:12 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton

Physician

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 26 1913 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

414-223-004-553

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

Registration District No. 553

Primary Registration District No. 2132

File No. 17982

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	11 22 1913

FATHER		MOTHER	
FULL NAME	Elmer Madsen	FULL MAIDEN NAME	Sarah Nelson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Laborer (Sugar Beets)	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was A Live (Born alive or stillborn), at 4a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or midwife)

Address Paris, Idaho

Given names added from a supplemental report

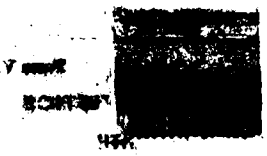
..... 19.....

.....
Registrar

Filed Dec 1 1913

W. L. Rich
Registrar

8-Y CO. 20174



365-215-004-236

Amended 4-22-63 (Be sure the information is complete and accurate)

State File No. 17984

Local Reg. No.

Reg. Dist. No. 52

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Agnes b. (Middle): c. (Last): Consoni

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 15, (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): Robert b. (Middle): c. (Last): Consoni

8. COLOR OR RACE: White

9. AGE (At time of this birth): 26 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

11a. USUAL OCCUPATION: Laborer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Frieda b. (Middle): c. (Last): Stocker

13. COLOR OR RACE: White

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Switzerland

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ashley Cooley

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Montpelier, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 30, 1913

20. REGISTRAR'S SIGNATURE: H.H. King

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY WEEKS

22b. WEIGHT AT BIRTH LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, ar upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. #17984

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Agnes Consoni (Name on Original Certificate) who was born (Was Born or Died) on November 15, 1913 (Date of Event) in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace of father	Italy	Switzerland
Birthplace of mother	Paris	Switzerland
Name of mother	Fredia Stocker	Frieda Stocker

Subscribed and sworn to before me this 5 day of April, 1963

[illegible]

Notary Public, residing at [illegible]

My commission expires Sept. 28, 1964

(Seal)

Signed Frieda S. Consoni

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

213 Park Ave. Park City Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Birth certificate of Mary Consoni, on File Idaho, File #30246, gives name of father as Robert A. Consoni, birthplace as Switzerland. Child born April 5, 1915, at Paris, Idaho. Gives name of mother as Frieda Stocker, birthplace as Switzerland. Viewed by V. S.

Socail Security Account Number Card gives name as Frieda Stocker Consoni issued December 17, 1938. Viewed by V. S.

Certified copy of birth certificate for Adolf Robert Consoni born in Switzerland. Certified copy issued Oct 18, 1939. Nol 853, viewed by V.S.

Certified copy of birth certificate for Frida Stocker born in Switzerland. Certified copy issued Sept 14, 1946, Fischingen. Viewed by V.S.

693-129-004-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 17986

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur Wilcox	FULL MAIDEN NAME	Adelia Mortenson
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White — AGE AT LAST BIRTHDAY 27 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Salt Lake, Ut.	BIRTHPLACE	Ovid
OCCUPATION	O. S. L. Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Dec. 19 13 H W King

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-119-004-[illegible]

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 17987

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Gordon Kearl Ashley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George T. Ashley	FULL MAIDEN NAME	Mary Kearl
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White — AGE AT LAST BIRTHDAY 37 (Years)	COLOR	White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	England	BIRTHPLACE	Laketown, Ut.
OCCUPATION	M. D.	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A.M. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Dec. 19 13 H H King

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 2 1945

Amended 3-13-71

245-224-004-442

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

Registration District No. .....

File No. 17988

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD THEKLA KUNZ

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ezra Kunz	FULL MAIDEN NAME	Vilda Austin
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Garden City - Ut.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Dec 13 1913 H H King

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 9 - 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of UTAH
County of UTAH } ss.

Certificate No. 17988

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kunz (Name on Original Certificate) who was born (Was Born or Died) on Nov. 22, 1913 (Date of Event)
in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing Dec. 24, 1913; Life Ins. Policy Aug. 12, 1942; Marriage Certificate prepared on Sep. 29, 1910 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Omitted	Thekla Kunz
Date of birth	Nov. 22, 1913	Nov. 24, 1913
Mother's name	M. E. Dustin	Vilda Dustin

Subscribed and sworn to before me this 16th day of February, 19 71

Notary Public, residing at 6-5-72

My commission expires Provo, Utah
(Seal)

Signed Ezra L. Kunz
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

560 East 200 South, Sandy, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH
County of UTAH } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of February, 19 71

Notary Public, residing at Provo, Utah

My commission expires 6-5-72
(Seal)

Signed Vilda K. Kunz
(Signature of Any Credible Person)

560 East 200 South, Sandy, Utah
(Street Address, City, State)

FORM DH 60.155 CL 2/1/71 3 cc pd.

Equitable Life and Casualty Insurance Company gives name as Thekla Walk born Nov. 24, 1913. Policy issued 1942.
Viewed by V.S.

MAR 1 2 1971

Certificate of Blessing issued Dec. 24, 1913 gives name as Thekla Kunz daughter of Ezra L. Kunz and Vilda Dustin. Child born Nov. 24, 1913 at Bern Bear Lake, Idaho. Blessed Dec. 21, 1913 in L.D.S.Church.
Viewed by V.S.

Marriage Certificate of Parents gives their names as Ezra Louie Kund of Bear Lake County and Vilda Dustin of Rich County, Utah were married Sept. 29, 1910 at Logan,Ut.
Viewe d by V.S.

494-230-004-418

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Wardboro

No. ..... St.

Hospital .....

Registration District No. .....

File No. 17989

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Ida LaRue Dimmick

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Dimmick	FULL MAIDEN NAME	Maud Dayton
RESIDENCE	Wardboro	RESIDENCE	Wardboro
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wardboro	BIRTHPLACE	Dingle
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Covley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Dec. 1913 H H King
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 4 1975

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 12 11 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 17989

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dimmick (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1913 (Date of Event)
in Wardboro, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ida LaRue Dimmick

Subscribed and sworn to before me this 10 day of October, 19 75

Notary Public, residing at Ovid, Idaho
My commission expires 12-22-76
(Seal)

Signed Maud E. Dimmick - Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 9/23/75

NOV 17 1975

Family record from Family history gives name as Ida LaRue Dimick, daughter of Albert Stuart and Effie maud Dayton Dimick. born Nov. 30, 1913 at Wardboro, Idaho. Bapt. Aug. 6, 1922. viewed by V. S.

Sealings for the Dean-Wives to Husbands gives names as Richard O. Kunz and Ida LaRue Dimick, married June 24, 1933. viewed by V. S.

249-107-004-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 17990

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Kunz.	FULL MAIDEN NAME	Matilda Kunz
RESIDENCE	Bern	RESIDENCE	Bern
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Bern	BIRTHPLACE	Bern
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Nov. 19 13 H H King
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-230-004-817

Form V. S. No. 11-C—20m-8-15-12

PLACE OF ~~BIRTH~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 52 File No. 17991

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD HELEN LOUISE ROBERTS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov. 28 1913

FATHER		MOTHER	
FULL NAME	M. S. Roberts	FULL MAIDEN NAME	Nettie Hagen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Texas	BIRTHPLACE	St Charles.
OCCUPATION	Bookkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician ~~or midwife~~)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Dec. 1913 H. H. King
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 19 1942

ed States
rtment of Commerce
au of the Census

(Be sure the information is as of date of birth of THIS child)

NOV 12 1942

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11111
Local Reg. No.
Reg. Dist. No.

ACE OF BIRTH (All items at time of this birth)
) County Bear Lake (b) City Montpelier
) Street Address or R.F.D. No.
) Name of Hospital or Maternity Home:
) Mother's stay **BEFORE** delivery:
IN **THIS** county 21 years 9 months 28 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bear Lake
(c) City Montpelier
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.

3. RESIDENCE OF FATHER (city, state) Soda Springs, Ida

ULL NAME CHILD Helen Louise Roberts

5. Date of Birth of Child (Month, day, year) Nov 30th 1912

x White

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy 9

9. Legitimate? yes

FATHER OF CHILD

ULL NAME Milton S. Roberts

Color or Race White

12. Age at time of THIS birth 31 yrs.

Birthplace Athens, Ala. (City or town) (State or foreign country)

Exact Occupation Book-keeper

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Nettie Olive Hagen

17. Color or Race White

18. Age at time of THIS birth 21 yrs.

19. Birthplace St. Charles, Idaho (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum

Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 3

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the date (Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

e of Idaho
ity of Caribou } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears em 4, above, that I am now 60 years of age, that I have known this person for 29 years, and that n. W. F. (First name) Ashley (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under oter 139, 1937 Session Laws.

Milton S Roberts Signature
Soda Springs, Ida P. O. Address

Subscribed and sworn to before me this 2nd day of July, 1942

(SEAL) S. Matthews Notary Public, residing at Soda Springs Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on ..... by ....., Registrar

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

893-128-004-747

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 17992

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Hill	FULL MAIDEN NAME	Ethel Pugmire
RESIDENCE	St Charles	RESIDENCE	St. Charles
COLOR	White- AGE AT LAST BIRTHDAY 35 (Years)	COLOR	White- AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

..... (Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Dec. 1913 H. H. King Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553-229-004-168

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form U. S. No. 11-C—20m-2-15-12

County of Bear Lake

City of Novene

Registration District No. 52 File No. 17993

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Carol N. Nelsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	(To be answered only in event of plural births)			yes	Nov. 29 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	ALBERT ~~Harry~~ E Nelson	FULL MAIDEN NAME	~~Anna~~ ~~[illegible]~~ JOHNSTON
RESIDENCE	Novene	RESIDENCE	Novene
COLOR	White	AGE AT LAST BIRTHDAY (Years) 26	White
BIRTHPLACE	Denmark	BIRTHPLACE	IRELAND ~~Denmark~~
OCCUPATION	Pump Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed 1913 19 H H King Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

444-108-004-699

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 52 File No. 17994

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Thomas Emery Mumford

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov. (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Mumford	FULL MAIDEN NAME	Edith Wright
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Salt Lake, Ut.	BIRTHPLACE	Coalville, Ut.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Corley

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Montpelier

Filed Nov. 19 13 H. H. King Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 29 8 29 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Salt Lake }

Certificate No. 17994

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed male Mumford (Name on Original Certificate) who was born (Was Born or Died) on November 8, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 25, 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
full name of child	unnamed	Thomas Emery Mumford

Subscribed and sworn to before me this 6th day of April, 1978.

Leone M. Reed

Notary Public, residing at Bountiful, Utah

My commission expires 6/22/78

(Seal)

Signed Thomas Emery Mumford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2762 Delsa Dr. Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 19 78.

Leone M. Reed

Notary Public, residing at Bountiful, Utah

My commission expires 6/22/78

(Seal)

Signed Malcom Mumford
(Signature of Any Credible Person)

1420 So 15 E. Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

CL sent 3/3/78 1 copy paid rec. 17850 (copy sent as is)

SEP 2 6 1978

Own child's birth certificate on file Idaho, Richard Emery Mumford born October 25, 1938 in Montpelier, S.F. #273535 gives father as Thomas Emery Mumford.--viewed by V.S.

Marriage Certif from Utah gives names as Thomas Emery Mumford and Catherine Evelyn Lewis. dated Sept 14, 1937. viewed by V. S.

864-118-004-289

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Dingle

No. ..... St.

Hospital .....

Registration District No. 56 File No. 17995

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD DELBERT BIRD HOMER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov. 18th 1913

FATHER

FULL NAME Edwin Homer

RESIDENCE Dingle

COLOR white AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Trenton Ut.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Ida Bird

RESIDENCE Dingle

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Dingle

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Curley

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 1 1913 S. Z. Humphreys Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 17995

Date Filed July 9th 1942

The undersigned does solemnly swear that certain facts on the certificate of Nov 18, 1913 (Birth or ~~Death~~)
for Delbert Bird Homer (Name on Original Certificate) who ~~[illegible]~~ (Was Born or ~~Died~~) on Nov 18, 1913 (Date of Event)
in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Delbert Bird Homer
Date	Nov. 20th	Nov. 18, 1913

Subscribed and sworn to before me this 9 day of July, 1942

Leni Aland

Notary Public, residing at Montpelier Idaho

My commission expires Dec 15-1945
(Seal)

Signed Mrs James E. Homer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

JUL 14 1942

JUL 17 1975

219-210-007-695

Form V. S. [redacted] 5-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

No. ..... St.

Registration District No. 21 File No. 17996

Primary Registration District No. 2922 Registered No. 113

Hospital .....

FULL NAME OF CHILD Not Named Hester Clarissa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2	Yes	Nov 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. W. Bared	Edna D. Wrucker
RESIDENCE	Lemhi Idaho	Lemhi
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	27 (Years)
BIRTHPLACE	Conn. (Richfield)	Idaho (Bellevue
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

Bellevue (Physician or midwife)

Given names added from a supplemental report

Hester Clarissa 19.13

Robert H. Wright Registrar

Address .....

Filed Nov 15 19.13 Robert H. Wright Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

AUG 2 9 1969

Certified copy issued 2-5-1941. dp

693-121-007-331

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

No. ..... St.

Hospital .....

Registration District No. 21 File No. 17997

Primary Registration District No. 2025 Registered No. 114

FULL NAME OF CHILD Earl Frank

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Oct. 21 1913

FATHER		MOTHER	
FULL NAME	James Wilde	FULL MAIDEN NAME	Ida Clark
RESIDENCE	Carey Idaho	RESIDENCE	Carey Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Coalville Summit Co. Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:18 A.M. on the date above stated.

(Signature) Mrs E. B. Howard

Midwife (Physician or Midwife)

Address Carey Ida.

Filed Nov 10 19 13 Robert H. Wright Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16668

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

469-202-007-383

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Blaine.

City of Moore Moore

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5921 File No. 17998

Primary Registration District No. 2074 2159 Registered No. 112

FULL NAME OF CHILD Rella Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Nov. 2, 1913

FATHER		MOTHER	
FULL NAME	James D. Morris	FULL MAIDEN NAME	Lilian E. Lile
RESIDENCE	Moore R.D. # 1	RESIDENCE	Moore R.D. # 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	49 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farming	OCCUPATION	housewife

†Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown.

Midwife (Physician or Midwife)

Address Moore Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 14 1913 Robert H. Wright Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

195-104-007-866

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17999

County of Blaine

City of Carey

Registration District No. 21 File No.

No. St.

Primary Registration District No. 2025 Registered No. 115

Hospital

FULL NAME OF CHILD Alfred John Ainsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 4 1913

FATHER

FULL NAME Joseph Leon Ainsworth

RESIDENCE Carey Ida.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Brigham City Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Theresa Maud Howard

RESIDENCE Carey Ida.

COLOR White AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Helmsdale Lancashire Engs.

OCCUPATION House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Carey Ida.

Given names added from a supplemental report

.....19.....

Filed Nov. 10 19 13 Robert H. Wright Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

JUL 6 1943

165-103-087-243

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

Registration District No. ~~59~~ 21

File No. 18000

No. _____, _____ St.

Primary Registration District No. ~~2139~~ 2024

Registered No. 111

Hospital _____

FULL NAME OF CHILD Julian Arthur Jones

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	3	yes	11 3 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarance C. Jones	FULL MAIDEN NAME	Hattie Bull
RESIDENCE	Moore - Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Brigham Canyon Utah	BIRTHPLACE	Raft River - Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Foxmd

(Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Arco Ida

Filed 11/20 1913 Robert H. Wright, Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—20m-8-15-12

PLACE OF [redacted]

[redacted]

[redacted]

[redacted]

City of Bellevue

No. 366-202-007-514 St.

Registration District No. 21

Primary Registration District No. 2022

Registered No. [redacted]

Hospital

FULL NAME OF CHILD no name Sadie Rosetta

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. L. Cooper	FULL MAIDEN NAME	Mary Edmiston
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raaf M.D.

(Physician or midwife)

Given names added from a supplemental report

19

Address Hailey Idaho

Filed Nov 10 1913 Robert H. Wright

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED F[redacted]

WRITE PLAINLY, WITH UNFADING INK—TH[redacted]

N. B. In case of more than one child at birth, a SEPARATE RE[redacted] of each, in order of birth

AUG 2 1957

OCT 23 1973

435-218-014-962

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Canyon

Parma Precinct

Registration District No. _____ File No. 18002

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Grace McNees

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes	Nov 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank E. McNees	FULL MAIDEN NAME	Ora Roberts
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Kansas
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Parma Ida.

Filed 12/1 1913 R. J. Green

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 7 1962

466-117-014-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Precinct

Registration District No. _____ File No. 18003

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Carol B. Dow

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	Nov. (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Dow	FULL MAIDEN NAME	Pearl Maw
RESIDENCE	Fargo Precinct	RESIDENCE	Fargo Precinct
COLOR	white	COLOR	w.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Parma, Ida.

Filed 12/1 1913 R. J. Owen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. H-C

PLACE OF BIRTH

OCT 16 1941

469-1 5-725

Form V. S. No. 11-C—20m-2-15-12

PL[redacted] E OF IDAHO
VITAL STATISTICS

County of [redacted]see

ICATE OF BIRTH

18005

City of Sweetwater

Registration District No. [redacted] File No.

No. St.

Primary Registration D[redacted]24 Registered No.

Hospital

FULL NAME OF CHILD Robt. Morgan

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	11 24 1913

FATHER		MOTHER	
FULL NAME	Art Morgan	FULL MAIDEN NAME	Stella Pierce
RESIDENCE	Sweetwater	RESIDENCE	Sweetwater
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Robt. Morgan at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley
(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

Art. Morgan 19...

Registrar

Filed Nov 24 19 13 John N. Alley
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

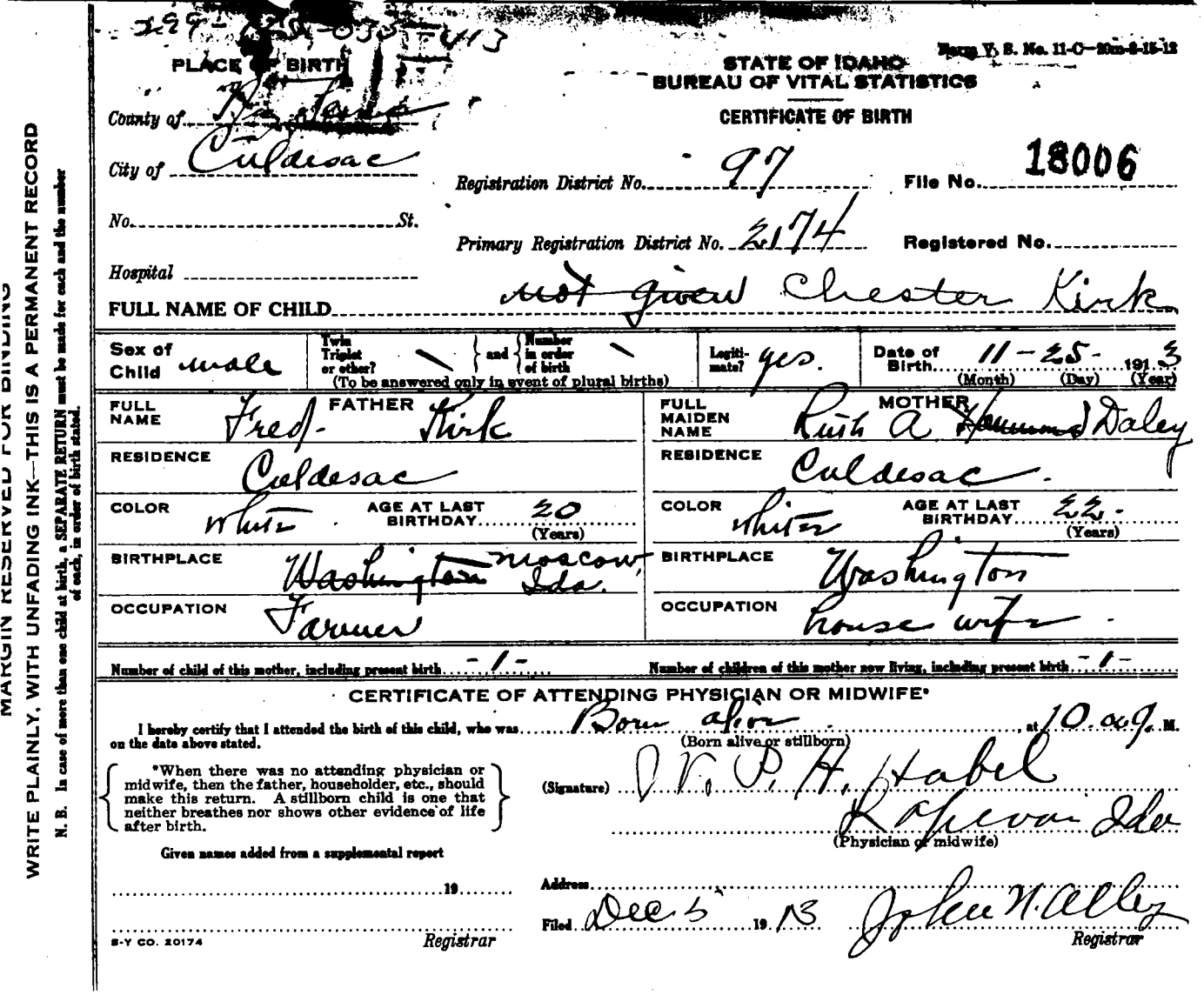
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-[illegible]-035-413



Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. 97 File No. 18006

Primary Registration District No. 2174 Registered No. .....

FULL NAME OF CHILD not given Chester Kirk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—		—	yes.	11-25-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Kirk	FULL MAIDEN NAME	Ruth A ~~Hammond~~ Daley
RESIDENCE	Culdesac	RESIDENCE	Culdesac.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	~~Washington~~ Moscow, Ida.	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth -1- Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. P. H. Habel

Kapevan Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 5 1913 John N. Alley Registrar

S-Y CO. 20174

Rev'd V. S. No. 11-C—Mar. 3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Spaulding

Registration District No. 97

File No. 18007

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~xxxxx xxxxxx~~ LOREN LAVERN WHITLOCK

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	11 - 30 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ebbin Whitlock	FULL MAIDEN NAME	Nora Kress
RESIDENCE	Spaulding	RESIDENCE	Spaulding
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. P. Habel

Lorain Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 2 1913 John H Alley Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Nez Perce

Certificate No. 18007

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Loren Lavern Whitlock (Name on Original Certificate) who was born (Was Born or Died) on November 30, 1913 (Date of Event)
in Lapwai, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by from family history (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	not given	Loren Lavern Whitlock

Subscribed and sworn to before me this 27 day of April 19 42

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
(Seal)

Signed Iona Whitlock (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April 1942

Notary Public, residing at Lapwai, Idaho

My commission expires Jan. 11, 1943
(Seal)

Signed Ebbin Whitlock (Father)
(Signature of Any Credible Person Other Than Previous Year)

Lapwai, Idaho
(Street Address, City, State)

APR 28 1942

Amended 1/4/71
666-121-035-958

Form V. S. No. 11-C-20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ..... St.

Hospital .....

Registration District No. -97-

File No. 18008

Primary Registration District No. 2174

Registered No. .....

FULL NAME OF CHILD Earl Wooley

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	11 (Month) - 21 (Day) - 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Wooley	FULL MAIDEN NAME	Eva Reynolds.
RESIDENCE	Culdesac - R.F.D.	RESIDENCE	Culdesac R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	-39- (Years)
BIRTHPLACE	Oregon.	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth -12-

Number of children of this mother now living, including present birth -11-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. H. P. Habel

Lapwai Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address John N. Allen

Filed Dec 2 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
NOV 3 0 1970
Vital Statistics

Certificate No. 18008

Date Filed Dec. 2, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Wooley (Name on Original Certificate) was born (Was Born or Died) on Nov. 20, 1913 (Date of Event)

in Culdesac, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name-	Unnamed	Earl Wooley
Date of birth	Nov. 20, 1913	Nov. 21, 1913

Subscribed and sworn to before me this 14TH day of November, 19 70

Notary Public, residing at Walla Walla, Washington

My commission expires Oct. 1-1974

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed [signature] (Signature of Any Credible Person)

[illegible] (Street Address, City, State)

FORM DH 60-155 CL 9/15/70 nm

Honorable Discharge from Army of the Unites States(#260745) gives name as Earl Wooley, 39 375 631 Technician Fifth Grade 9207th TSU TC Hosp Det. given as Separation Center Fort Lewis, Washington dated Sept. 18, 1945. Signed by Charles B. Ely, Lieutenant Colonel Infantry [illegible] Gives date of birth as Nov. 21, 1913. Bornat Lewiston, Idaho. Viewed by V. S.

JAN 4 1971

Family Record appears to be old gives name as Earl Wooley and date of birth as Nov. 21, 1913. [illegible] Viewed by V. S.

133-[redacted]
020-5[illegible]

Form V. S. No. 11-C-15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34

File No. 18009

No. —, St.

Primary Registration District No. 2020

Registered No. 76

Hospital —

FULL NAME OF CHILD LEONARD JOSHUA ALLEN

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Nov. 17, 1913

FATHER		MOTHER	
FULL NAME	Andrew J. Allen	FULL MAIDEN NAME	Mary J. Eaton
RESIDENCE	Mtn H	RESIDENCE	Mtn H
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	H wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Hawley

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Mountain Home

..... 19....

Filed Nov 20th 1913 B. W. Mather Registrar

Registrar

S-Y CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Joaquin }

Certificate No. 18009
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Allen (Name on original certificate) who was born (Was born or died) on November 17, 1913 (Date of event)
in Mountain Home, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by statement of Mother (Bible record, insurance policy, etc.) prepared on April 25, 1942 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Allen	Leonard Joshua Allen

Subscribed and sworn to before me this 25th day of April, 1942

Notary Public, residing at Stockton?calif

My commission expires August 21, 1945

[SEAL]

Signed Andrew Joshua Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3022 Highway 99, Stockton, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Joaquin }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that ~~he~~ she has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 25th day of April, 19

James F. Campbell

Notary Public, residing at Stockton, Calif

My commission expires August 21, 1945

[SEAL]

Signed Mary Jane Allen
(Signature of any credible person other than the previous affiant.)

3022 Highway 99, Stockton, California
(Street Address, City, State)

Received for filing on APR 29 1942 By
(Registrar's signature)

APR 30 1942

255-112-020-391

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 34 File No. 18010

No. —, St.

Primary Registration District No. 2020 Registered No. 75

Hospital —

FULL NAME OF CHILD Robert Winston Bennett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	—	—	Yes	Nov. (Month) 12 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Richard H. Bennett	FULL MAIDEN NAME	Grace J. Crane
RESIDENCE	Mtn H.	RESIDENCE	Mtn H
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn
OCCUPATION	Coal Merchant	OCCUPATION	H Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Hawley

Physician (Physician or ~~Midwife~~)

Given names added from a supplemental report

Address Mountain Home

Filed Nov. 16th 1913 B. W. Mather Registrar

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 8 1972

381-208-020-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home

Registration District No. 34 File No. 18011

No. —— St.

Primary Registration District No. 2020 Registered No. 74

Hospital ——

FULL NAME OF CHILD Emma Irene Chatterton

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	Seventh	Yes	Nov. 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James H Chatterton	FULL MAIDEN NAME	Flora Smith
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Middlesex England
OCCUPATION	Farmer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:30 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

Mrs Elisabet Flanger midwife
(~~Physician~~ or midwife)

Given names added from a supplemental report

Address Mountain Home

19

Filed Nov. 11th 1913 B W Mather
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

312-104-020-961

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Mtn Home

No. — St.

Hospital —

Registration District No. ~~20~~ 34 File No. 18012

Primary Registration District No. 2020 Registered No. 78

FULL NAME OF CHILD Paul C Labbee

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	yes	Nov (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joe Labbee	FULL MAIDEN NAME	Ida Roaher
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Nov 4 (Born alive or stillborn), at 1 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W L Frazier

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Mtn Home Ida

Filed Nov 18th 1913 B W Mather Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. [illegible] 15-12

County of Elmore

City of Sunnyside

No. — St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 34 20

File No. 18013

Primary Registration District No. 2020

Registered No. 77

FULL NAME OF CHILD James Roscoe Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male			Yes	Nov.	18	1913

	FATHER	MOTHER
FULL NAME	Pearl Q Williams	FULL MAIDEN NAME Katie Cox
RESIDENCE	Sunny Side Ida	RESIDENCE Sunny Side Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE Idaho
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1145 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W C Frazier

Physician

(Physician or ~~midwife~~)

Address Mountain Home

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov. 24th 1913

B [illegible]
Registrar

S-Y CO. 20174

JAN 21 1966

AUG 18 1942

JUN 13 1951

355 - 131
029 - 299

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Bovill

Registration District No. 66 File No. 18014

No. ....., ... St.

Primary Registration District No. 2146 Registered No. 1

Hospital .....

FULL NAME OF CHILD Burl Benscotter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	10 - 31 - 1913

FATHER		MOTHER	
FULL NAME	Harris Benscotter	FULL MAIDEN NAME	Servillia Brigham
RESIDENCE	Bovill, Idaho	RESIDENCE	Bovill Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F C Gibson

Physician

(Physician or Midwife)

Address Bovill, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 3 1913 F. C. Gibson

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 26 1942

[redacted]

RTH

215-109-016-212 [redacted]

Form V. S. [illegible]-1-1-18

PLACE OF BIRTH

County of Cassia

City of Elba

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 119 File No. 18015

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Males	Twins	1	Yes	Oct 9 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Savage	FULL MAIDEN NAME	
RESIDENCE		RESIDENCE	Jannie Angeline Babbitt
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Sater M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Malta Idaho

Filed Oct 19 13

C. J. Sater
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

DUP001913-19980

289-114-016-445

Form V. 3. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Malta

No. — St.

Hospital — at home

Registration District No. 119

File No. 18016

Primary Registration District No.

Registered No.

FULL NAME OF CHILD WILLIAM SCOTT SHILL

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	yes	Nov (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse Samuel Shill	FULL MAIDEN NAME	Lavilla Marguerite Duncan
RESIDENCE	Malta Ida	RESIDENCE	Malta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming & Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:10 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. I. Sater

(Physician or midwife)

Given names added from a supplemental report.

19

Address Malta Idaho

Filed Nov 19 13

C. I. Sater
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia

Certificate No. 1804
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for [illegible] (NAME ON ORIGINAL CERTIFICATE) who was (WAS BORN OR DIED) on Nov. 14, 1913 (DATE OF EVENT)
in Malta, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
[illegible]	omitted	Wm. Scott Shirl

Subscribed and sworn to before me this 14th day of Feb. 19 42

Notary Public, residing at Burley, Idaho

My commission expires Feb. 1, 1946

(SEAL)

Signed Lavilla Margret Shirl
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Malta, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of Feb. 19 42

Notary Public, residing at Burley, Idaho

My commission expires Feb. 1, 1946

(SEAL)

Signed Jesse D. Shirl
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Malta, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FIXED TYPO ON CHILDS MIDDLE NAME FROM SCOYY TO SCOTT 1-11-96

295-120-002

Form U.S. No. 11-C—20m-8-15-12

PLACE OF BIRTH [redacted] OF IDAHO
[redacted]VITAL STATISTICS
[redacted]ATE OF BIRTH

County of Adams

City of N. Meadows

Registration [redacted] 72 File No. 18017

No. ..... St.

Primary Registration District No. 2149 Registered No. .....

Hospital .....

FULL NAME OF CHILD Hollmer Sylvester Kinney

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Nov 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sylvester Kinney	FULL MAIDEN NAME	Alice Hollmer
RESIDENCE	New Meadows Ida	RESIDENCE	N. Meadows Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Newspaper man	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R G Whiteman M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19....

Address New Meadows Ida

Filed Dec. 1913 R L Whiteman Registrar

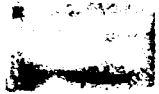
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 5 - 1965

599-215-016-689

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. — St.

Hospital —

Registration District No. 120 File No. 718018

Primary Registration District No. 2199 Registered No. 11

FULL NAME OF CHILD Erickson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	11 (Month) — 15 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel C Erickson	FULL MAIDEN NAME	Alice Whittle
RESIDENCE	Oakley Idaho	RESIDENCE	Oakley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham Mrs

(Physician or midwife)

Given names added from a supplemental report

None 19

Address Oakley Ida

Given Registrar

Filed 12/10 1913 E P Oldham Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-217-016-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Marion

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18019

Primary Registration District No. 2199 Registered No. 12

FULL NAME OF CHILD ALICE ELAINE HUNTSMAN ~~Mel Huntsman~~

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	11 (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum C. Huntsman	FULL MAIDEN NAME	Joan McLaws
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.50 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Filed N 10 1913 E P Oldham Registrar

Given names added from a supplemental report

None 19

Given Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 1975

JAN 6 1943

Cert. named from card 1/6/43 Z.J.

219 - 219-016 - 314

PLACE OF [illegible]

[illegible]

Form V. S. No. 11-C [illegible]-12

[illegible]

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120 File No. I18020

Primary Registration District No. 2199 Registered No. 13

FULL NAME OF CHILD Mary ~~Ellen~~ ALICE Barigar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	11 (Month) - 19th (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	George W. Barigar	FULL MAIDEN NAME	Annie Lamb
RESIDENCE	Oakley, Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Barigas

Father (Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Oakley Idaho

Filed 12-10 1913 E.P.O. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. OCT 5 1942 Certificate No. 18020
County of Yakima } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or Death)
for [illegible] (Name on Original Certificate) who [illegible] born (Was Born or Died) on Nov., 21- 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Sept. 17, - 1934 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary Ellen	Mary Alice Barigar
Date	Nov. 21st	Nov. 19, 1913

Subscribed and sworn to before me this 12 day of [illegible] 1942

[illegible]
Notary Public, residing at Sunnyside, Wash.
My commission expires [illegible] 8-1942
(Seal)

Signed X Annie Barigar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Grandview Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Yakima }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of Sept. 1942

[illegible]
Notary Public, residing at Sunnyside, Wash.
My commission expires [illegible] 8 1942
(Seal)

Signed Kenneth George Barigar
(Signature of Any Credible Person Other Than Previous Year)
Grandview, Washington
(Street Address, City, State)

OCT 7 1942

299-125-016-331

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

18021

County of Cassia

City of Marion

No. ——— St.

Hospital ———

Registration District No. 120 File No. 1

Primary Registration District No. 2199 Registered No. 14

FULL NAME OF CHILD Morgan Clark Birch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11 (Month) 25 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis F. Birch	FULL MAIDEN NAME	Annie Maycel Clark
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, 4.50 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report

Address Oakley Idaho

19

Filed 12-10 1913 E P Oldham
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 21 1961

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

623-225-016-249

Form V. S. No. 11-C—90m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Island

No. ——— St.

Hospital ———

Registration District No. 170 File No. 18022

Primary Registration District No. 2199 Registered No. 15

FULL NAME OF CHILD Okleberry Sarah Elizabeth

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	11 (Month) 15 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Okleberry	FULL MAIDEN NAME	Emily May Smith
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 18 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M D

(Physician or midwife)

Given names added from a supplemental report

None 19

Address Oakley Idaho

Filed 12-10 1913

E P Oldham
Registrar

Registrar

S-Y CO. 20174

PLACE OF BIRTH

SEP 19 1975

269-226-016-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 18023

Primary Registration District No. 2194 Registered No. 16

FULL NAME OF CHILD Reba Virginia Sorensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	11 (Month) - 26 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Fred Sorensen	FULL MAIDEN NAME	Erba Lillian Collins
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report

None 19

Voice Registrar

Address

Filed 12-10 1913 E P Oldham Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1974

619-139-266-413

Amended 7-16-69

Form V. S. No. 11-C 20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassid

City of Marion

No. ——— St.

Hospital ———

Registration District No. 120 File No. 18024

Primary Registration District No. 2199 Registered No. 17

FULL NAME OF CHILD Farnum Fay Warr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	11 (Month) – 30 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Edward Warr	FULL MAIDEN NAME	Edith Mathews
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	School teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Oakley Idaho

Filed 12/10 1913 E P Oldham Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 16 1968

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JUN 25 1969 Bureau of Vital Statistics

State of Idaho
County of Cassia } ss.

Certificate No. 18024

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for William Warr (Name on Original Certificate) who was born (Was Born or Died) on November 30, 1913 (Date of Event)
in Marion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Full Name	William Warr	Farnum Fay Warr

Subscribed and sworn to before me this 16th day of June, 19 69

Notary Public, residing at Rupert, Idaho
My commission expires September 12, 1970
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
114 East 17th St., Burley, Idaho 83318
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 L. 2-28-68. 1 opy pd.

JUL 16 1969

Certificate of Baptism from the Immanuel's Church of Twin Falls gives the name as Farnum Fay Warr born at Oakley, Idaho, November 30, 1913 to Edward and Edith Warr. Certificate is dated May 14, 1946 and signed by R. C. Muhly, pastor. Viewed by V.S.

Genealogical and Historical Data Sheet lists the husband as Farnum Fay Warr who was born November 30, 1913, son of William Edward Warr and Edith Mathews. Viewed by V.S.

258-105-06-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-2-15-12

CERTIFICATE OF BIRTH

18025

Registration District No. 170 File No. 2

Primary Registration District No. 2199 Registered No. 18

FULL NAME OF CHILD Burton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	12-5-1913

FATHER		MOTHER	
FULL NAME	Willis Allen Burton	FULL MAIDEN NAME	Mary Meehan
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E R Richardson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

None 19

Filed 12/10 19 13 E R Richardson Registrar

Adam Registrar

S-Y CO. 20174

269-124-004-845

PLACE OF BIRTH

County of Bear Lake

City of Dingle

Amended 7-8-75

No. ..... St.

Hospital .....

[redacted] F IDAHO
BUR[redacted]AL STATISTICS
[redacted]E OF BIRTH

Form V. S. No. 11—10m-2-15-12

Registration District No. .....

File No. 18026

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Edward Adolph Sorenson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles S. Sorenson	FULL MAIDEN NAME	Amelia Hunsaker
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley & Cooley

MP (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Dingle

Filed Dec 1913 S Humphreys Registrar

Registrar

S-Y CO. 20175

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 11 43 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 18026

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Sorenson (Name on Original Certificate) who born (Was Born or Died) on Nov. 24, 1913 (Date of Event)
in Dingle (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	Nov. 24, 1913	November 13, 1913
Child's Name	Unnamed	Edward Adolph Sorenson
Mother's Name	Amelia Hunsucker	Amelia Hunzeker

Subscribed and sworn to before me this 11th day of
April, 19 58
Notary Public, residing at Montpelier, Idaho
My commission expires March 9, 1961
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of
April, 19 58
Notary Public, residing at Montpelier, Idaho
My commission expires March 9, 1961.
(Seal)

Signed .....
(Signature of Any Credible Person)
..... (Street Address, City, State)

FORM DPH 55.155 L 10-23-57 nm

Sorensen

Certificate of Ordination gives name as Edward Adolph Sorenson born November 24, 1913 in Dingle, Idaho., to Charles S. Sorenson and Amelia Hunzeker. Baptised July 15, 1922. Ordained an Elder Nov. 19, 1933 in L.D.S.Church.
Viewed by V.S.

JUL 7 1975

Marriage License gives name as Edward Adolph Sorenson. Married October 15, 1938 in Cassia County, Idaho. Birthplace Bear Lake County, Idaho.
Father Charles Sorenson. Mother Amelia Hunzeker.
Viewed by V.S.

318-124-004-799

Form V. S. No. 11-10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

No. ..... *St.*

Hospital .....

Registration District No. 53 **File No.** 18027

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD CARL PRICE TAYLOR

Sex of Child Male	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Nov. 24 (Month) (Day) 1913 (Year)

FATHER		**MOTHER**	
FULL NAME	Arthur Taylor	**FULL MAIDEN NAME**	Mary A. Price
RESIDENCE	Paris	**RESIDENCE**	Paris
COLOR	W.	**COLOR**	W.
AGE AT LAST BIRTHDAY	48 (Years)	**AGE AT LAST BIRTHDAY**	43 (Years)
BIRTHPLACE	England.	**BIRTHPLACE**	Paris
OCCUPATION	Painter	**OCCUPATION**	H. W.

Number of child of this mother, including present birth 9 **Number of children of this mother now living, including present birth** 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), **at** 12:50 a.m. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Paris

Filed Dec 1 1913 W L Reid *Registrar*

S-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake

Certificate No. 18027
Date Filed JAN

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Carl Price Taylor (Name on original certificate) who was born (Was born or died) on Nov 24 1913 (Date of event)
in Paris Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Taylor	Carl Price Taylor

Subscribed and sworn to before me this 14th
day of January, 1947

Notary Public, residing at Paris Idaho
My commission expires Nov 27 1949.
[SEAL]

Signed Arthur Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Paris Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

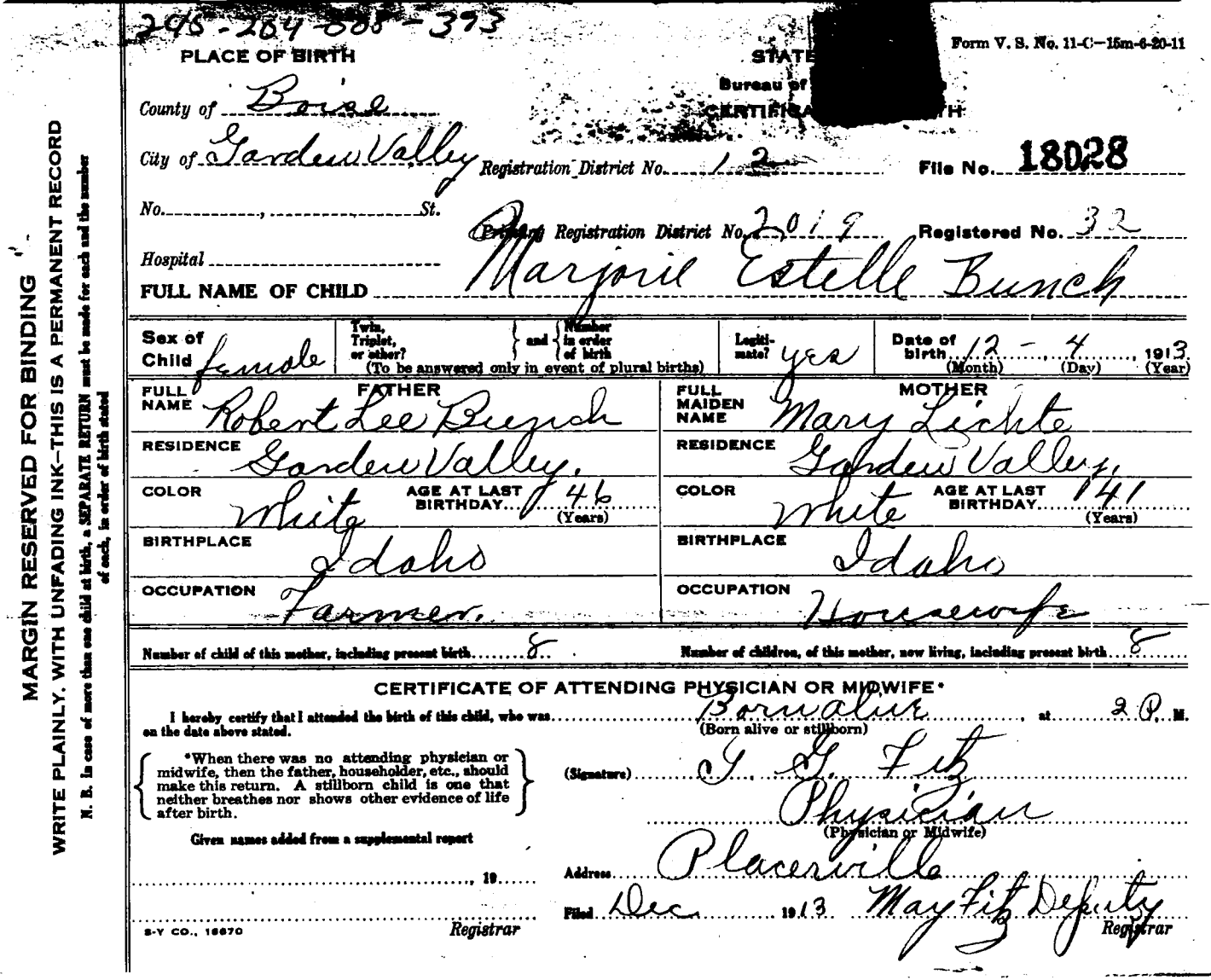
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on JAN 10 By
(Registrar's signature)



295-204-808-393

PLACE OF BIRTH

STATE [redacted]

Form V. S. No. 11-C—15m-6-20-11

Bureau of [redacted]

CERTIFICA[redacted]TH

County of Boise

City of Garden Valley Registration District No. 12 File No. 18028

No. ....., ... St.

Primary Registration District No. 2019 Registered No. 32

Hospital .....

FULL NAME OF CHILD Marjorie Estelle Bunch

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	12 - 4 1913

FATHER		MOTHER	
FULL NAME	Robert Lee Bunch	FULL MAIDEN NAME	Mary Lichte
RESIDENCE	Garden Valley.	RESIDENCE	Garden Valley.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Placerville

..... 19.....

Filed Dec 1913 May Fitz Deputy Registrar

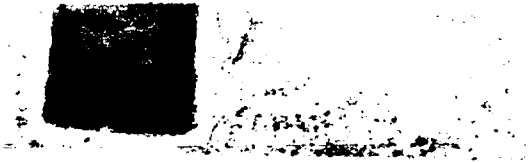
..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAR 27 1972

386-216-004-612

PLACE OF BIRTH

STATE OF I[redacted]rm V. S. No. 11—10m-2-15-12

BUREAU OF VITAL[redacted]

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 52 File No. 18029

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD — Zelda Mae Thornock

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov. 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sidney J Thornock	FULL MAIDEN NAME	Maggie M Oakey
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Lanark Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Dec 1913 H. H. King Jr. Registrar

..... Registrar

S-Y CO. 20175

[redacted]

SEP 11 1974

11/19/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 3 10 25 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18029

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Thornock (Name on Original Certificate) who was born (Was Born or Died) on Nov. 16, 1913 (Date of Event) in Bloomington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Zelda ~~Mabel~~ Thornock
		MAE

Subscribed and sworn to before me this 6 day of December, 1976

Elaine Wiebb

Notary Public, residing at Paris

My commission expires May 13 1977

(Seal)

Signed Donald A Thornock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bloomington, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of December, 1976

Elaine Wiebb

Notary Public, residing at Paris

My commission expires May 13 1977

(Seal)

Signed Wilbur B Pope
(Signature of Any Credible Person)

Grace, Idaho
(Street Address, City, State)

FORM DH 60-155

Marriage License from Idaho gives names as Heber ~~Ca~~ Calvin Jones and Zelda Mae Thornock. dated Dec 28, 1936. viewed by V. S.

DEC 17 1976

Copy of own child's birth ~~c~~ certif from Utah gives child's name as Elaine Jones born Oct 14, 1939. father's name as Heber Calvin Jones and mother's name as Zelda Mae Thornock. viewed by V. S.

619-130-004-386

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington

Registration District No. 52 File No. 18030

No. ..... St.

Primary Registration District No. H 36 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Nov (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas R Ward	FULL MAIDEN NAME	Adelia Thompson
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W. AGE AT LAST BIRTHDAY 40 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 1913 H. H. King Registrar

Registrar

S-Y CO. 20175

155-127-004-469

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Fish Haven

Registration District No. 52 File No. 18031

No. ..... St.

Primary Registration District No. 936 Registered No. .....

Hospital .....

FULL NAME OF CHILD FRANK LOWELL JENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		No	Nov. 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John H Jensen	FULL MAIDEN NAME	Alice Mortensen
RESIDENCE	Fish Haven	RESIDENCE	Fish Haven
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	St Charles
OCCUPATION	Merchant	OCCUPATION	H W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Gooley

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Fish

Filed Dec 1913 H H King Registrar

Registrar

S-Y CO. 20175

JAN 19

493-218-004-693

PLACE OF BIRTH

name added 4/28/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Registration District No. 62 File No. 18032

Primary Registration District No. 2134 Registered No. .....

FULL NAME OF CHILD Annie Beatrice Michaelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ronnie Michaelson	FULL MAIDEN NAME	Clara Wilhelmson
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H. W

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:05 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris

Filed Dec 1913 J Mattson

Registrar Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1803Z

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
VITAL STATISTICS
MAR 3 4 15 PM '80

State of California
County of Sonoma } ss.

Certificate No. 18032
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Michaelson (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 18,1913 (Date of Event)
in St. Charles, ID (Bear Lake) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Annie Beatrice Michaelson

Subscribed and sworn to before me this 28th day of February, 1980

Notary Public Ralph T. L. Berry

Residing at 4467 Bennett Vw Dr Santa Rosa, CA 95404

My commission expires Dec. 22, 1980

(Seal)

OFFICIAL SEAL
RALPH T. L. BERRY
NOTARY PUBLIC — CALIFORNIA
PRINCIPAL OFFICE IN
SONOMA COUNTY
My Commission Expires Dec. 22 1980

Annie Beatrice Michaelson
Signature of Applicant

1631 - 9th Ave Cal CA 9460,
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

2/20/80 NM

Certif of Birth from the LDS Church gives nameas Annie Beatrice Michaelson born Nov 18, 1913 at St. Charles, Idaho. father's name as Rasmus Michaelson and mothr's name as Claire Whilhelmsen. entered on record Dee 4, 1921. viewed by V. S.

APR 2 9 1980

Page from Church record ~~gixxex~~ Baptisms and Confirmations gives namdas Anna Beatrice Michaelson. born Nov 18,1913. Baptized Nov 19, 1921. viewed by V. S.

MAY 1 2 1980

636-225-004-747

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 52 File No. 18033

No. ..... St.

Primary Registration District No. 2130 Registered No. .....

Hospital .....

FULL NAME OF CHILD Winona Edna Floyd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Floyd	FULL MAIDEN NAME	Estella Pugmire
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9:15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 1913 J Mattson Registrar

Registrar

S-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 15 1976
Bureau of Vital Statistics

State of Idaho
County of Kootenai } ss.

Certificate No. 18033

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Floyd (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov 25, 1913 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Winona E. Floyd

Subscribed and sworn to before me this 11 day of March, 19 76

Notary Public, residing at Coeur d'Alene, Idaho
My commission expires May 13 1977
(Seal)

Signed Estelle Floyd (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Kootenai } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of March, 19 76

[illegible]
Notary Public, residing at Coeur d'Alene, Idaho
My commission expires May 13, 1977
(Seal)

Signed Earl J. Pugmire
(Signature of Any Credible Person)

Box [illegible], Coeur d'Alene, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12/18/75 nm

Certificate of Baptism and Confirmation from the LDS Church gives name as Winona Edna Floyd daughter of Chauncey Floyd and Estella Pugmire. Born Nov. 25, 1913 at St. Charles, Idaho. Baptized Aug 5, 1922. viewed by V. S.

Certificateof Blessing from the LDS Church gives name as Winona Edna Floyd daughter of Chancey Floyd and Estelle Pugmire. born Nov. 25, 1913 at St. Charles, Idaho. Blessed Feb 1, 1914. viewed by V. S.

MAR 2 4 1976

253-104-004-366

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

[redacted] Bear Lake

[redacted] ns

[redacted] St.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 53 File No. 18034

Primary Registration District No. 2132 Registered No.

OF CHILD

[redacted] ale | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
[redacted] and E Beck		FULL MAIDEN NAME	Margarette Lowe
[redacted] Paris		RESIDENCE	Paris
COLOR W	AGE AT LAST BIRTHDAY 29 (Years)	COLOR W	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Paris		BIRTHPLACE	Providence
OCCUPATION Farmer		OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley

(Physician or midwife)

Given names added from a supplemental report

19

Address Paris Idaho

Filed Dec 1913 W L Rich

Registrar Registrar

8-Y CO. 20175

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [illegible]

City of Bloomington

No. ..... St.

Hospital .....

Registration District No. 53 File No. 18035

Primary Registration District No. 2132 Registered No. .....

FULL NAME OF CHILD LOLA THORNOCK

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Jos. Thornock	FULL MAIDEN NAME	Jola M Palmer
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	20	COLOR	20
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Bloomington	BIRTHPLACE	Bloomington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooker

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Paris Lola

Filed Dec 1913 W. L. Reid Jas Registrar

..... Registrar

S-Y CO. 20175

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18035

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Thornock (Name on Original Certificate) who was born (Was Born or Died) on October 24, 1913 (Date of Event)
in Bloomington, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy February 17, 1939 (Bible Record, Insurance Policy, Etc.) prepared on January 8, 1922 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Lola Thornock

Subscribed and sworn to before me this 23rd day of March, 1956

Ruth Aland
Notary Public, residing at .....
My commission expires .....
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1960

Signed Sola P Thornock (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of March, 1956

Ruth Aland
Notary Public, residing at .....
My commission expires .....
(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1960

Signed Louise R. Peterson (Aunt)
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55. 155

MAR 27 1956

893-216-004-747

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 55

File No. 18036

No. ..... St.

Primary Registration District No. 2139

Registered No. .....

Hospital .....

FULL NAME OF CHILD Viola Fern Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Oct 7 16 1913

FATHER	MOTHER
FULL NAME Wellington Hill	FULL MAIDEN NAME Annie E Pugsley
RESIDENCE St Charles	RESIDENCE St Charles
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE St Charles	COLOR W
OCCUPATION Fisherman	AGE AT LAST BIRTHDAY 21 (Years)
	BIRTHPLACE St Charles
	OCCUPATION Housemaker

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris Idaho

Filed Dec 19 13

J Matthews Registrar

S-Y CO. 20175

MAR 7 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18036

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hill (female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 16, 1913 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by certificates of birth & blessing (Bible Record, Insurance Policy, Etc.) prepared on Jan. 14, 1914 & Mar 24, 1915, respectively (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Viola Fern Hill

Subscribed and sworn to before me this 26th day of March, 19 75

Notary Public, residing at Ogden Utah

My commission expires 6-23-77

(Seal)

Signed Michael O. Lyon, atty, Utah Bar
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2650 Washington Blvd-102, Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 19 75

Notary Public, residing at Ogden Utah

My commission expires 6-23-77

(Seal)

Signed Mildred F. Lyon
(Signature of Any Credible Person)

904 E. 4050 So. Ogden 24
(Street Address, City, State)

FORM DN 60. 155 CL 3/6/75

Certif. of Blessing from the LDS Church gives name as Viola Fern Hill daughter of Wm. C. Hill and Annie Pugmire. Born Oct. 16, 1913 at St. Charles, Idaho. Was Blessed Jan. 4, 1914. viewed by V. S.

APR 16 1975

Certif. of Birth from the LDS Church gives name as Viola Fern Hill born Oct. 16, 1913 at St. Charles, Idaho. father's name given as William Hill and Annie Pugmire. entered on record Jan. 4, 1914. viewed by V. S.

295-119-004-269

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 55 File No. 18037

Primary Registration District No. 2134 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	Yes	Oct 19 1913

FATHER		MOTHER	
FULL NAME	Geo Brewer	FULL MAIDEN NAME	Ella Larsen
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sibly and Cody

[illegible] and Paris (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho

Filed Dec 1913 J Mattson Registrar

Jms

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of Ovid

No. 165-118-004-485 St.

Hospital

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52

File No. 18038

Primary Registration District No. 2136

Registered No.

FULL NAME OF CHILD JOSEPH JAMES JONELY

Sex of Child: Boy	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arnold Johnson JONELY	FULL MAIDEN NAME	Ellen Myers
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 69 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

Monsieur Ed Pames (Physician or midwife)

Address Ovid

Given names added from a supplemental report

19

Registrar

Filed Dec 19 13 H. H. King Registrar

JMS

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

38

BOARD OFFICERS

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ASSISTANT TO THE SUPERINTENDENT

MISS SARA JANE SWANTEK
CASE WORKER

BOISE, IDAHO

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J. LYNN DRISCOLL

GOV. C. A. BOTTOLFSEN
EX-OFFICIO

TO WHOM IT MAY CONCERN:

I hereby certify that I, Kathryn C. Wolfe, am the duly appointed, qualified and acting Superintendent of the Children's Home Finding and Aid Society of Idaho; that I have charge of the books, papers, and records of the Corporation and that according to the books and records of the Corporation Joseph James Jonely was born on October 8, 1913, at Ovid, Idaho, to Arnold Jonely and Emily Jonely.

I have found that information given to our Society by parents and Courts is not always correct in regard to dates of birth and I am sure the child registered with the Bureau of Vital Statistics as born on October 18, 1913, at Ovid, Idaho, is the same child as named above.

Kathryn C. Wolfe
Superintendent
CHILDREN'S HOME FINDING AND AID SOCIETY
OF IDAHO

Subscribed and sworn to before me this 4th day of May,

1944, at Boise, Idaho.

Opal Billington
Notary Public residing at Boise, Idaho

MAY 5 1944

963-119-004-128

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 52 File No. 18039

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Oct 19 1913

FATHER		MOTHER	
FULL NAME	Robert L Roberson	FULL MAIDEN NAME	Ellen Ashley
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Montpelier	BIRTHPLACE	Paris
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

Montpelier & Paris (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 19 13 H. H. King Jms Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1975

269-122-004-242

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Raymond

Registration District No. 52 **File No.** 18040

No. ..... *St.*

Primary Registration District No. 2136 **Registered No.** .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		No	Oct 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Sorensen	FULL MAIDEN NAME	Mary Bush
RESIDENCE	Raymond	RESIDENCE	Raymond
COLOR	W AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Raymond	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 89 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Montpelier and Paris

Filed Dec 19 13 H. H. King

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

754-112-004-319

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Sharon

No. ..... St.

Hospital .....

Registration District No. 52 File No. 18043

Primary Registration District No. 2136 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Oct 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Gumbling	FULL MAIDEN NAME	Minnie M. Carlson
RESIDENCE	Sharon	RESIDENCE	Sharon
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sharon	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address M D

Filed Dec 1913 H H King Registrar

Registrar

S-Y CO. 20175

285-104-004-395

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Shoshone

Registration District No. 52 File No. 18044

No. ..... St.

Primary Registration District No. 2136 Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Mal		yes	Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George E Shepherd	FULL MAIDEN NAME	Blanch L Lewis
RESIDENCE	Shoshone	RESIDENCE	Shoshone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Paris	BIRTHPLACE	Douglas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec. 1913 H. H. King Registrar

S-Y CO. 20175

753 – 120 – 004 – 02

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

City of St Charles

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-1.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18046

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Elmer Harell Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X and	+	Yes	Sept 20 1913

FATHER		MOTHER	
FULL NAME	Augustus Peterson	FULL MAIDEN NAME	Ellen Olsen
RESIDENCE	St. Charles, Ida	RESIDENCE	St. Charles, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	St. Charles, Idaho	BIRTHPLACE	Sandy, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live at 3 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Rich

(Physician or ~~Midwife~~)

Address Paris, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 1, 1913 19.....

..... Registrar

..... Registrar

S-Y CO. 20174

3/27/41 L. B.

365-216
031-432

PLACE OF BIRTH

County of Lewis

City of Forest

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 18047

Primary Registration District No. 2127 Registered No. 18

FULL NAME OF CHILD Valetha Virginia Lorang

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 16 1913

FATHER		MOTHER	
FULL NAME	Joseph F. Lorang	FULL MAIDEN NAME	Phoebe Mc Coy
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3 30 A. M. on the date above stated.

(Signature) Ethel Laughlin

Physician (Physician or Midwife)

Address Winchester, Ida.

Filed 12-1- 1913 Ellora B. Rogers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

EVANS - YORK CO., PTRS. & BDRS. 17820

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

AUG 25 1964

394-223-031-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Forest

No. ....., ... St.

Hospital .....

Registration District No. 48 File No. 18048

Primary Registration District No. 2127 Registered No. 19

FULL NAME OF CHILD Isabella Agnes Trankovitz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Oct 23 1913

FATHER		MOTHER	
FULL NAME	Julius Trankovitz	FULL MAIDEN NAME	Teresa Lunary
RESIDENCE	Forest	RESIDENCE	Forest
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Hungaria	BIRTHPLACE	Hungaria
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B. Dr. Alive at 2:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Winchester Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-1- 1913 Elton B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

NOV 1 8 1975

493-221-091-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester — Registration District No. 4 8 — File No. 18049

No. ____ St. — Primary Registration District No. 2127 — Registered No. 20

Hospital ____

FULL NAME OF CHILD Edith Isabel DITZEL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	11-21-1913

FATHER	MOTHER
FULL NAME E. Walter Ditzel	FULL MAIDEN NAME Goldie Johnson
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	AGE AT LAST BIRTHDAY 37 (Years) — COLOR White — AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Neb	BIRTHPLACE Neb.
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 11-21-1913 Elton B. Rogers Registrar

S-Y CO. 20174

Registrar

SEP 7 195

251-123-031-884

Form V. S. No. 11-C—20m-[illegible]-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 48 File No. 18050

No. ..... St.

Primary Registration District No. 2127 Registered No. 21

Hospital .....

FULL NAME OF CHILD Owen Hyder Seatz

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	11-23-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	W. Frank Seatz	FULL MAIDEN NAME	Emma Hyder
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	N. Carolina	BIRTHPLACE	Tenn.
OCCUPATION	Accountant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 45 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Winchester

Filed 11-25-1913 Elton B. Rogers Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 2 1955

FEB 2 0 1976

FEB 2 2 1945

285-122-0222-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... S.

Hospital .....

STATE OF IDA[illegible]
BUREAU OF VITAL ST[illegible]
CERTIFICATE OF B[illegible]

Registration District No. 99

Primary Registration District No. 2177

File No. 18051

Registered No. .....

FULL NAME OF CHILD Thomas Baker Sheldon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 22 1913

FATHER	MOTHER
FULL NAME Henry Earl Sheldon	FULL MAIDEN NAME Florence Baker
RESIDENCE St. Anthony, Ida.	RESIDENCE
COLOR W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR W. AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Delaware Ohio	BIRTHPLACE Melmore Ohio
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alle (Born alive or stillborn) at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or midwife)

Address St. Anthony

Dec 5 19[illegible]

Given names added from a supplemental report

A-Y CO. FORM [illegible] Registrar

Registrar

659-111-022-466

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 99 File No. 18052

No. St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD Grover Farney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 11 1912

FATHER		MOTHER	
FULL NAME	Frank P Farney	FULL MAIDEN NAME	Minnie Downing
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	52	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S Morfield

St Anthony (Physician or midwife)

Given names added from a supplemental report

19

Address

Filed Dec 5 1913 W B West Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36.5-226-022-653

Amended 6/9/71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18053
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Elizabeth b. (Middle): Ina c. (Last): Loveland

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 26, 1913

FATHER OF CHILD

7. FULL NAME a. (First): Harlon b. (Middle): c. (Last): Loveland

8. AGE (At time of this birth): 49 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Amelia b. (Middle): c. (Last): Welker

13. AGE (At time of this birth): 43 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A. Morefield

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 5, 1913

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: White

RACE OR COLOR OF MOTHER: White

METHOD OF DELIVERY:

Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT ____ YES IF YES, DESCRIBE ____ NO

born 10:25pm.

CONGENITAL MALFORMATIONS OF INFANT ____ YES IF YES, DESCRIBE ____ NO

LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 9 - 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 18053

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Lenora Loveland (Name on Original Certificate) who was born (Was Born or Died) on November 26, 1913 (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Lenora Loveland	Elizabeth Ina Loveland

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

× Signed Delaine Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

7230 El Caballo Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

6-9-71

Own child's birth certificate on file Idaho #238599 gives name as Elizabeth Ina Loveland -- viewed by VS

Certificate of Blessing LDS Church A. D. Miller,Jr. - Bishop ,Parker, Idaho dated January 4, 1914 & Blessed January 4, 1914 gives name as Elizabeth Ina Loveland born Nov. 26, 1913 , Parker, Idaho Father Harlond Loveland , mother Amelia Welker. Viewed by VS.

434-213-022-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 18054

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Helen Margarit McDaniels

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Elsworth McDaniels	FULL MAIDEN NAME	Wanda Anderson
RESIDENCE	St. Anthony Ida	RESIDENCE	St. Anthony Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ottawa Ohio	BIRTHPLACE	Chicago, Ill.
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Boucher M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St. Anthony

Filed Dec 5 1913 W. D. West

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 22 1975

213-128-022-464

Form V. S. No. 11-C—[illegible]-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

Amended 1/3/77

City of Egin

Registration District No. 99

File No. 18055

No. ..... St.

Primary Registration District No. 2177

Registered No. .....

Hospital .....

FULL NAME OF CHILD Emor Alma Ball

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 28 1913

FATHER		MOTHER	
FULL NAME	Thomas Ball	FULL MAIDEN NAME	Sarah A. Dowell
RESIDENCE	Egin Ida	RESIDENCE	Egin Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	England	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Burst M.D.

St Anthony Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 5 1913

W. Burst

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 1970

1/3/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18055

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elmer Almas Ball (Name on Original Certificate) who was born (Was Born or Died) on November 28, 1913 (Date of Event) in Egin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elmer Almas Ball	Emer Alma Ball

Subscribed and sworn to before me this 3 day of January, 1977

Margaret Davis

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed Bonnie Fox

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

216 Cherrillee Meridian

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

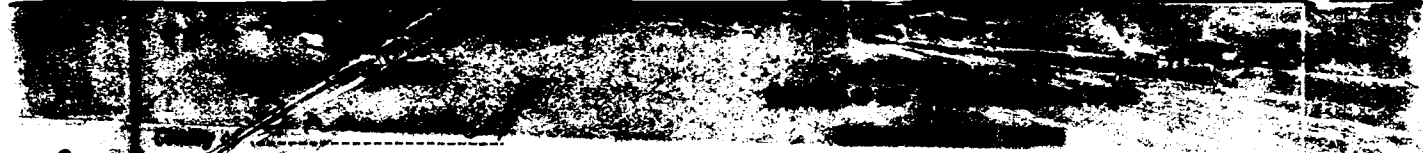
.....

(Street Address, City, State)

Church information record gives name as Emer Alma Ball blessed 14 December 1914 viewed by V.S.

JAN 3 1977

Own child's birth certificate, child born January 23, 1953 gives name of father as Emer Alma Ball. viewed by V.S.



MARGIN RESERVED FOR BIN[illegible]D

WRITE PLAINLY WITH UNFADING INK—THIS IS A PER[illegible]

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for [illegible] of each, in order of birth stated.

[illegible]

[illegible] Egin

Registration District No. 99 File No. 18056

[illegible] St.

Primary Registration District No. 2177 Registered No.

Hospital

FULL NAME OF CHILD ~~Newton~~ RULON West Rhodehouse

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 25 1913

FATHER		MOTHER	
FULL NAME	John William Rhodehouse	FULL MAIDEN NAME	Lettie Smith
RESIDENCE	Egin Ida	RESIDENCE	Va Egin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address St Anthony Ida

19

Filed Dec 5 1913 W B West

Registrar Registrar

S-Y CO. 24658

FEB 8 1943

ted States (Be sure the information is as of date of birth of THIS child) State File No. 18055
artment of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
eau of the Census STATE OF IDAHO Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Fremont (b) City St. Anthony
c) Street Address or R.F.D. No. 2
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery:
IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Fremont
(c) City St. Anthony
(d) Street Address or R.F.D. No. 2
(e) How long has **MOTHER** lived in Idaho? 51 yrs.
3. RESIDENCE OF FATHER (city, state) Idaho

FULL NAME OF CHILD Rulon West Rhodehouse
5. Date of Birth of Child (Month, day, year) Nov. 25th 1913
Sex Male 7. Twin or Triplet If so—born 1st, 2nd, 3rd 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
FULL NAME John William Rhodehouse
Color or Race White 12. Age at time of THIS birth 31 yrs.
Birthplace Oxford (City or town) Idaho (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. FULL MAIDEN NAME Lettie Arminda Smith
17. Color or Race White 18. Age at time of THIS birth 28 yrs.
19. Birthplace Tazewell, Virginia (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child (b) Born alive and now living

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by Martha A. Smith (First name) (Last name), who is related to this child as Grand mother (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

te of Idaho
nty of Madison } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Grand Mother (Mother, etc.) of the person whose name appears Item 4, above, that I am now 77 years of age, that I have known this person for 29 years, and that Dr. W. B. West (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

X Martha A Smith Signature

Rexburg, Idaho P. O. Address

Subscribed and sworn to before me this 20th day of January, 1943

(SEAL) Daniel Rigby Notary Public, residing at Rexburg,

(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-914, Idaho Code Annotated.)

eived for filing on by, Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

845-217-[illegible]

[redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Fremont

City of Parker

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 18057

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD ~~Maggie~~ ELNA VALEEN Hunter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Nov 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Leslie Hunter	FULL MAIDEN NAME	Margaret Elizabeth Jenkins
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ogden Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 5 1913 W. B. West

Registrar Registrar

S-Y CO. 24655

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bonneville } ss.

Certificate No. 18957

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Elna Valeen Hunter (Name on Original Certificate) who was born (Was Born or Died) on November 17, 1913 (Date of Event) in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Beneficial Life Ins. Co. Ins. Policy 166205 (Bible Record, Insurance Policy, Etc.) prepared on January 1, 1936 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Maggie	?Elna Valeen Hunter

Subscribed and sworn to before me this twenty ninth day of June, 19 42

Nila F. Bigler
Notary Public, residing at Idaho Falls, Ida.

My commission expires April 10, 1946
(Seal)

Signed Margaret E. Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

338 Tenth Street, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this twenty ninth day of June, 19 42

Nila F. Bigler
Notary Public, residing at Idaho Falls, Idaho

My commission expires April 10, 1946.
(Seal)

Signed Earl L. Bowmon
(Signature of Any Credible Person Other Than Previous Year)

245 Placer Ave. Idaho Falls Idaho.
(Street Address, City, State)

JUL 1 1942

JUL 3 1942

519-128-022-993

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

name added 6/10/80

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99

File No. 18058

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Lemuel Rice Earl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	Nov 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jed L. Earl	FULL MAIDEN NAME	Estella Rice
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Parker Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Weston M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony

Filed Dec 5 1913 W B Weston

Registrar

Registrar

1 copy pd

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 23 1975

81081

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 6 10 36 AM '79

Affidavit to Correct or Amend Original Certificate of Birth or Death

State of Utah } ss.
County of Bear Lake

Certificate No. 18058

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Roland Jerome Earl (Name on Original Certificate) who was born (Was Born or Died) on Nov. 28, 1913 (Date of Event)
in Fremont, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by LDS Church records (Bible Record, Insurance Policy, Etc.) prepared on 4 Jan 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Roland Jerome Earl	Lemuel Rice Earl

Subscribed and sworn to before me this [illegible] day of
[illegible], 19[illegible]
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
[illegible]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this [illegible] day of
[illegible], 19[illegible]
[illegible]
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed [illegible]
(Signature of Any Credible Person)
[illegible]
(Street Address, City, State)

FORM DH 60-155 CL 10/23/75

Birth certif from LDS Church gives name as Lemuel Rice Earl born Nov 28, 1913 at Parker, Idaho. Father's name as Jedediah L. Earl and Estella C. Rice as the mother. enterd on record Jan 4, 1914. viewedby V. S.

JUN 10 1980

Standard ~~Ext~~Certif of Marriage from California gives groom's name as Lemuel Rice Earl and bride's name as Nan Louise Burroughs. dated March 5, 1938. viewed byV. S.

133-210-022-695

Form V.S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... *St.*

Hospital .....

Registration District No. 99 **File No.** 18059

Primary Registration District No. 2177 **Registered No.** .....

FULL NAME OF CHILD Stella Allen

Sex of Child Girl	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** Yes	**Date of Birth** Nov (Month) 10 (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	Lewis Allen	**FULL MAIDEN NAME**	Lois Winegar
RESIDENCE	Parker	**RESIDENCE**	Parker
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	27 (Years)	**AGE AT LAST BIRTHDAY**	23 (Years)
BIRTHPLACE	Lewiston Utah	**BIRTHPLACE**	Parker Ida
OCCUPATION	Farmer	**OCCUPATION**	Housewife

Number of child of this mother, including present birth 3 **Number of children of this mother now living, including present birth** 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife) St Anthony Ida

Given names added from a supplemental report.

..... 19....

Address .....

Filed Dec 5 1913 W B West

..... *Registrar* *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1973

18038

113-215-022-414

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 99 File No. 18060

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Lola Jacobson

Sex of Child: Girl	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth: Nov (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alvin S Jacobson	FULL MAIDEN NAME	Effie Maud Mangeum
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address St Anthony Idaho

Filed Dec 5 1913 W B West

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

03681

863-120-022-253

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Chester

No. ..... St.

Hospital .....

Registration District No. 99 File No. 18061

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Warren Neil Holbrook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Nov 20 19

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joel ~~Roth~~ Holbrook	Edna Bell
RESIDENCE	Chester	Chester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	30
BIRTHPLACE	Idaho	Oregon Springs Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P M on the date above stated.

(Signature) W Blevins MD

(Physician or midwife)

Address St Anthony Ida

Filed Dec 5 1919 W Blevins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

944-103-022-239

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18062

Registration District No. 90 File No. .....

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD James Jean Rumsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo B Rumsey	FULL MAIDEN NAME	Anna Bell Strong
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:55 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Ewart M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Idaho

Filed Dec 5 1913 W B Ewart

Registrar Registrar

8-Y CO. 24655

MARGIN ... BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18062

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Rumsey (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1913 (Date of Event)

in St. Anthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	James Jean Rumsey

Subscribed and sworn to before me this 26 day of February, 1977

Notary Public, residing at St. Anthony

My commission expires 5-14-79

(Seal)

Signed x Merle Harshbarger

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of February, 1977

Notary Public, residing at St. Anthony

My commission expires 5-14-79

(Seal)

Signed x Fern Harshbarger

(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Correction corresp. nm 2-18-77 (R) fc

Certif of Baptism and Confirmation from the LDS Church gives name as James Gene Rumsey son of George L. Rumsey and Anna B. Strong. Born Dec 3, 1913 at St. Anthony, Idaho. Baptized Sept 15 1940. viewed by V. S.

APR 28 1977

Insurance policy from Occidental Life Insurance Co. of California gives nameas James J.Rumsey. dated June 1, 1967. Policy No. 3605 LDHX viewed by V. S.

Application for National Service Life Ins. gives namea sJames Jean Rumsey born Dec 3, 1913 in St. Anthony, Idaho. social security No. 20 940 595. dated June 8, 1942. ~~fx~~ viewed by V. S.

294-228-007-845

Amended 12/22/78

Form V. S. No. [redacted]

PLACE OF BIRTH

County of Blaine

City of Arco

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16063

Registration District No. #59 File No. .....

Primary Registration District No. 2139 Registered No. .....

FULL NAME OF CHILD Marilyn Jenkins

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth
Male	Other	5	Yes	Nov. 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Grant Zimmerman	FULL MAIDEN NAME	Hattie Hunter
RESIDENCE	Arco	RESIDENCE	Arco.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Dawson	BIRTHPLACE	Neb.
OCCUPATION	Farming	OCCUPATION	housewife

†Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Arco - Idaho

Filed 12-6- 1913 E. W. Farmer

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of WASHINGTON } ss.
County of GRANT. }

Certificate No. 18063

NOV 9 19 AM '78

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Marlin Jenkins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 28, 1913 (Date of Event)
in Arco, Idaho (Blaine) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Marlin	Marlyn

Subscribed and sworn to before me this 1st day of November, 1978

Signed X Romaine Schlick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at EPHRATA WASH. 98823

My commission expires NOV. 25, 1981.
(Seal)

36 F. ST. S.W. EPHRATA WASH.
(Street Address, City, State)

98822

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires
(Seal)

(Street Address, City, State)

FORM DH 60-155

CL 11/20/78 1cc pd.

Marriage certif from Nebraska gives names as Marlyn Simmerman and Eleanor Martin. dated April 12, 1937. viewed by V. S.

DEC 22 1978

Honorable discha reg from the U.S. Navy gives nam aes Marlyn Jenkins Simmerman dated Dec 10,1945. viewed by V. S.

165-44-007-43

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

AMENDED 12/8/45

County of Blaine
City of Arco
No. ____ St.
Hospital ____

Registration District No. 59
Primary Registration District No. 2139

File No. 18064
Registered No. ____

FULL NAME OF CHILD Charles Jones
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other (To be answered only in event of plural births)	1	Yes	Nov. 14, 1915

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 ... Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Walter L. Jones	FULL MAIDEN NAME: May McLaughlin
RESIDENCE: Arco, Idaho	RESIDENCE: Arco, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Malad City, Idaho	BIRTHPLACE: Ogden, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) E. W. Fox

Physician
(Physician or midwife)

Address Arco, Idaho

Filed 11/17/ 1913 E. W. Fox
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18064

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birth Date	November 15, 1913	November 14, 1913

Subscribed and sworn to before me this 27th day of November, 1945.

Howard J. Thompson
Notary Public, residing at Phoenix, Ariz.

My commission expires 3/18/47
(Seal)

Signed X Walter L. Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Malheur } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of Dec, 1945.

Notary Public, residing at Ontario Ore
My commission expires MY COMMISSION EXPIRES MARCH 1, 1948.
(Seal)

Signed Charles M Laughlin
(Signature of Any Credible Person)

Ontario Oreg.
(Street Address, City, State)

JUN 8 1955

FEB 2 0 1975

815 [illegible]

PLACE OF [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C [illegible]

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ....., ... St.

Hospital .....

Registration District No. 59

File No. 18065

Primary Registration District No. 2139

Registered No. .....

FULL NAME OF CHILD Floyd Melvin Haney

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Other	9	Yes	11, 21, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Peter Haney	FULL MAIDEN NAME	Harriet Garnett
RESIDENCE	Moore, Idaho	RESIDENCE	Moore, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Montana	BIRTHPLACE	Pleasant Grove, Utah
OCCUPATION	Farmer	OCCUPATION	Hwife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Fox M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Arco - Idaho

Filed 11-23 1913 E W Fox

Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Butte

Certificate No. 18065
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or death)
for Floyd Melvin Haney (Name on original certificate) who born (Was born or died) on Nov. 21st 1923 (Date of event)
in Moore, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on date of Death (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Melvin Haney	Floyd Melvin Haney
Mother's name	Gammett	Gamett

Subscribed and sworn to before me this 24
day of December 1941
J. D. Martin
Notary Public, residing at Arco, Idaho
My commission expires Oct. 27th 1943
[SEAL]

Signed Mamie Atha
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Moore Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Butte

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

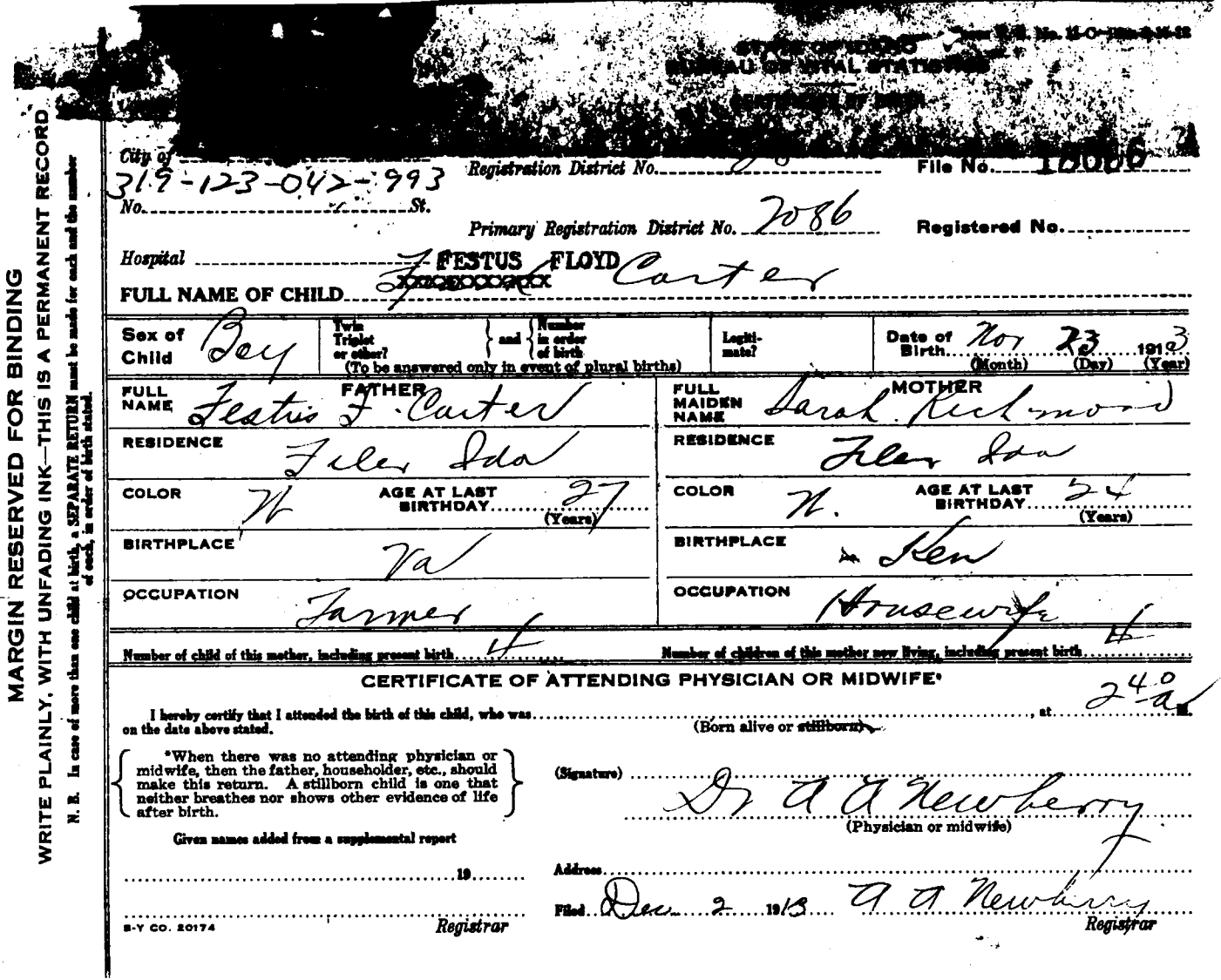
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of December, 1941
J. D. Martin
Notary Public, residing at Arco, Idaho
My commission expires Oct. 27th 1943
[SEAL]

Signed Sarah O Haney
(Signature of any credible person other than the previous affiant.)
Moore Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

JUL 21 1966



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of [redacted] Registration District No. [redacted] File No. 18006

No. 319-123-042-993 St.

Primary Registration District No. 2086 Registered No.

Hospital FESTUS FLOYD Carter

FULL NAME OF CHILD ~~[illegible]~~

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) Nov (Day) 23 (Year) 1913
Boy			

FATHER		MOTHER	
FULL NAME	Festus F. Carter	FULL MAIDEN NAME	Sarah Richmond
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Va	BIRTHPLACE	Ken
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2.40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address

Filed Dec 2 1913 A A Newberry Registrar

Registrar

S-Y CO. 20174

STATE OF [illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Columbia } ss.

Certificate No. 18066

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Frank Carter	Festus Floyd Carter
name of father	Fastis F. Carter	Eestus F. Carter ~~Festus F. Carter~~

Subscribed and sworn to before me this 14 day of Feb 1942

Alfred V. May

Notary Public, residing at Rainier Ore

My commission expires Aug. 13, 1944 (Seal)

Signed Festus F. Carter father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rainier Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ore }
County of Columbia } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of Feb 1942

Alfred V. May

Notary Public, residing at Rainier Ore

My commission expires Aug. 13, 1944 (Seal)

Signed Festus Floyd Carter
(Signature of Any Credible Person Other Than Previous Year)

Rainier, Ore
(Street Address, City, State)

OCT 14 1975

FEB 18 19[illegible]

JUL 14 1983

413-117-0442-766

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 38

Primary Registration District No. 7086

File No. 18067

Registered No. .....

FULL NAME OF CHILD Edward L Malone

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Nov 17 1913

FATHER		MOTHER	
FULL NAME	Herschel Malone	FULL MAIDEN NAME	L Poole
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Del	BIRTHPLACE	Jay
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 7 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 19 13 A A Newberry
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Copy

254-209-042-713

Form V. S. No. 11-C—Rim-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 18068

No. ..... St.

Primary Registration District No. 7086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Ethel Adelaide Deusing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			Yes.	10 9 13

FATHER		MOTHER	
FULL NAME	Wm Deusing	FULL MAIDEN NAME	Elizabeth Gatz
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Oct 19 13 A A Newberry
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup CD1913-252425

819-129-042-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 38

File No. 18069

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Richard Martin Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
B.		Yes	Oct. 29 1913

FATHER		MOTHER	
FULL NAME	Mahlon B Harding	FULL MAIDEN NAME	Dora Brown
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W. AGE AT LAST BIRTHDAY 37 (Years)	COLOR	W AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3:20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Newberry

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Oct 19 13 A A Newberry

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OE PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon, } ss.
County of Linn. }

Certificate No. 18069

Date Filed th

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ bir
(BIRTH OR DEATH)

for Richard Harding (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 29, 1913 (DATE OF EVENT)

in Filer, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by the Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or soon after said birth (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Richard	Richard Martin Harding

Subscribed and sworn to before me this 27th day of April, 1942

Notary Public, residing at Halsey, Oregon,

My commission expires Feb. 9, 1944.
(SEAL)

Signed Dora Myrtle Harding
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon, } ss.
County of Linn. }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 1942.

Notary Public, residing at Halsey, Oregon,

My commission expires Feb. 9, 1944.
(SEAL)

Signed Marion Bruce Harding
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAY 14 1946

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

789-10

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 78

Primary Registration District No. 3086

File No. 18070

Registered No. .....

FULL NAME OF CHILD ~~Phillips~~ EDWARD CAROL PHILLIPS

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Nov 6 1913

FATHER

FULL NAME N Edgar Phillips

RESIDENCE Filer Ida

COLOR W. AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wis

OCCUPATION Printer

MOTHER

FULL MAIDEN NAME Mabel Weatherwax

RESIDENCE Filer Ida

COLOR W. AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Neb

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A A Newberry

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 19 13 A A Newberry Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Santa Cruz }

Certificate No. 18070

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Edward Carol Phillips (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Nov. 6, 1918 (DATE OF EVENT)
in Filer, Idaho. (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed ✓	Edward Carol Phillips

Subscribed and sworn to before me this 19th
day of February, 1943

Nellie S. Wilson

Notary Public, residing at Santa Cruz, Cal.
My commission expires Feb. 5, 1944.
(SEAL)

Signed Roger Phillips (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

22 Lorenzo Lane, Santa Cruz Calif
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Santa Clara }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this first
day of March, 1943

Bernard D. Wood

Notary Public, residing at San Jose, California
My commission expires May 8, 1945
(SEAL)
NOTARY PUBLIC IN AND FOR THE COUNTY OF SANTA CLARA, STATE OF CALIFORNIA

Signed Alice Phillips Moeller
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Post & Vine St. San Jose, Calif.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 10 1943 By .....
(REGISTRAR'S SIGNATURE)

MAR 1 1 1943

245-205-025-863

[redacted]CE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Idaho

~~City of~~ Precinct of Kenterville Registration District No. 105 File No. 18071

No. Home St.

Primary Registration District No. 2183 Registered No.

Hospital

FULL NAME OF CHILD Agnes Buettner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Buettner	FULL MAIDEN NAME	Alma Holdenried
RESIDENCE	Kenterville Idaho	RESIDENCE	Same
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Buettner

Father of Child (Physician or midwife)

Given names added from a supplemental report

19

Address Kenterville Idaho

Filed Decr 2nd 1913 H B Blake Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1975

215-214-025-547

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Green Creek

No. ..... *St.*

Hospital Home

Registration District No. 105 **File No.** 3 18072

Primary Registration District No. 2183 **Registered No.** .....

FULL NAME OF CHILD Clara Catherine Baerlecher

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Barney Baerlecher	FULL MAIDEN NAME	Katherine Nuxell
RESIDENCE	Green Creek Ida.	RESIDENCE	Green Creek Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Illinois
OCCUPATION	Mining Engineer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wesley F. Orr M.D.

(Physician or midwife)

Address Cottonwood Ida.

Filed Nov 20 1913 H B Blake

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1942

314-126-025-866

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho.

City of Cottonwood

No. ..... *St.*

Hospital Home

Registration District No. 105 **File No.** 18073

Primary Registration District No. 2183 **Registered No.** .....

FULL NAME OF CHILD Casper Lauer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 23 1913

FATHER	MOTHER
FULL NAME Mathias Lauer	**FULL MAIDEN NAME** Mary Therasser Hoffman
RESIDENCE Cottonwood, Ida.	**RESIDENCE** Cottonwood, Ida.
COLOR White **AGE AT LAST BIRTHDAY** 50 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 34 (Years)
BIRTHPLACE Germany	**BIRTHPLACE** Germany
OCCUPATION Farming	**OCCUPATION** Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8:30 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Wesley B. F. Dr. M.D.

(Physician or midwife)

Address Cottonwood, Ida.

Filed Nov 4 1913 H Brooke Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

612-103-025-669

Amended 12-19-61

(Be sure the information is complete and accurate)

State File No. 18074

Local Reg. No.

Reg. Dist. No. 105

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): at home

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lloyd b. (Middle): Sherman c. (Last): Wasem

4. SEX: Male

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Nov. (Day) 3, (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Henry b. (Middle) John c. (Last) Wasem

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Eagle Grove, Iowa

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Alta b. (Middle) L. c. (Last) Fortin

13. COLOR OR RACE: White

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Roseburg, Oregon

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Wesley B.F. Orr, M.D.

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Cottonwood, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Nov. 6, 1913

20. REGISTRAR'S SIGNATURE: H.B. Blake

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY: WEEKS

22b. WEIGHT AT BIRTH: LBS. OZS.

23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

espondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. .* * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back –

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18074

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Loyd Sherman Wasem (Name on Original Certificate) who was born (Was Born or Died) on Nov. 3, 1913 (Date of Event)

in Cottonwood, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible Records attached hereto (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Loyd	Lloyd
Father's Full Name	John Henry Wasem	Henry John Wasem
Mother's Maiden Name	Elta L. Fortin	Alta L. Fortin

Subscribed and sworn to before me this 7th day of Dec., 1961

Notary Public, residing at Grangeville, Idaho

My commission expires Feb. 25, 1962

(Seal)

Signed Alta L. Wasem

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 S 1st Grangeville, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of December, 1961

Notary Public, residing at Grangeville, Idaho

My commission expires Feb. 25, 1962

(Seal)

Signed Wm H Martin

(Signature of Any Credible Person)

113 S A St. Grangeville, Idaho

(Street Address, City, State)

K

FORM DH 60-155 CL 12-5-61. nm

State of Oregon, Common School Diploma, Douglas County, Elementary School, diploma given May 19, 1908 gives full name of student as Alta Fortin - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #112671 gives full maiden name of mother as Alta Fortin - viewed by V.S.

Own Child's Birth Cert. on file: (Idaho Birth) #287102 gives full name of father as Lloyd Sherman Wasem - viewed by V.S.

State of Idaho, Public School Diploma, Elementary Schook, Idaho County, given at Grangeville, Idaho May 23, 1928 gives full name of student as Lloyd Wasem - viewed by V.S.

Receipt of payment, dated July 7, 1916, policy No. 20278, Northern Life Insurance Co., Seattle, Washington gives full name as Henry John Wasem - viewed by V.S.

Dividend Certificate, Northern Life Insurance Co., Seattle, Washington, July, 1937 gives full name as Henry John Wasem - viewed by V.S.

294-131-022-613

Amended 8-22-62

(Be sure the information is complete and accurate)

State File No. 18075

Local Reg. No. 55

Reg. Dist. No. 100

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lyman

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Carl

b. (Middle): George

c. (Last): Simmons

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) July (Day) 31, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): George

b. (Middle): Richard

c. (Last): Simmons

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Flora

b. (Middle): Ellen

c. (Last): Jane Walker

13. COLOR OR RACE: White

14. AGE (At time of this birth): 39 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Sarah S. Briggs

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Archer, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 8-5-1913

20. REGISTRAR'S SIGNATURE: G.G. Espe

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

FOR MEDICAL AND HEALTH USE ONLY

(This section MUST be filled out)

V

22a. LENGTH OF PREGNANCY | 22b. WEIGHT AT BIRTH | 23. Was a standard serological test for syphilis performed? ... [ ] ... [ ]

...pondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Jerome, } ss.

Certificate No. 18075

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Simmons (Name on Original Certificate) who was born (Was Born or Died) on July 30, 1913 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full name of Child	unnamed Simmons	Carl George Simmons
Date of Birth	July 30, 1913	July 31, 1913

Subscribed and sworn to before me this [illegible] day of December, 1960

Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jerome } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 19 60.

Notary Public, residing at Jerome, Idaho
My commission expires 6/1/64
(Seal)

Signed Ray R. Simmons
(Signature of Any Credible Person)

225 5th East Jerome Idaho
(Street Address, City, State)

FORM DH 60-155

1 Copy Pd. rec. #15143.

L.D.S. Church Certificate of Ordination to the Holy Priesthood as a Priest, Mar. 3, 1931 gives full name as Carl George Simmons, born July 31, 1913 at Lyman, Idaho to George R. Simmons and Flora E. Walker - viewed by V.S.

Army of the United States Certificate of Service - Military Record and Report of Separation, date of relief from active duty, January 4, 1946, gives full name as Carl G. Simmons, born July 31, 1913 at Lyman, Idaho - date of entry on active duty-Sept. 5, 1940 - viewed by V.S.

Officers' Reserve Corps, Army of the United States, Certificate of Capacity, dated Oct. 27, 1941 gives full name as Carl George Simmons - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18076

Primary Registration District No. 2178 Registered No. 54

FULL NAME OF CHILD Eva Magdalene Klenk

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	3	yes	July 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Gottlieb Klenk	FULL MAIDEN NAME	Lena Foell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 28, 1913 at 11:30 p.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-30 1913 G. G. Esper
Registrar

S-Y CO. 20174

K

OCT 1 8 1972

MAY 2 7 1969

18076

ed States (Be sure the information is as of date of birth of THIS child) State File No.
artment of Commerce **CERTIFICATE OF BIRTH** Local Reg. No.
eau of the Census STATE OF IDAHO Reg. Dist. No.

LACE OF BIRTH (All items at time of this birth)
a) County Freemont (b) City Rexburg
c) Street Address or R.F.D. No. Route 1
d) Name of Hospital or Maternity Home: at home
e) Mother's stay **BEFORE** delivery: IN **THIS** county 24 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Freemont
(c) City Rexburg
(d) Street Address or R.F.D. No. Route 1
(e) How long has **MOTHER** lived in Idaho? 24 yrs.
3. RESIDENCE OF FATHER (city, state) Rexburg, Ida

FULL NAME OF CHILD Eva Magdalene Klenk
5. Date of Birth of Child (Month, day, year) July 29, 1913
Sex female
7. Twin or Triplet If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Gotlieb William Klenk
Color or Race white
12. Age at time of THIS birth 29 yrs.
Birthplace Wurttenburg, Germany (City or town) (State or foreign country)
Exact Occupation farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Lena Foell
17. Color or Race white
18. Age at time of THIS birth 27 yrs.
19. Birthplace Hull (City or town) Germany (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

ate of California } ss.
unty of Orange }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Father (Mother, etc.) of the person whose name appears Item 4, above, that I am now 58 years of age, that I have known this person for 28 years, and that Mrs M Beck (First name) (Last name), who attended this birth deceased (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Gottlieb William Klenk Signature
P. O. Address

Subscribed and sworn to before me this 12th day of May, 1942
(SEAL) Everett S. Wells Notary Public, residing at Santa Ana, Calif.
(Note: Perjury is punishable as a felony in Idaho, see Sec. 17-1414, Idaho Code Annotated.)

MY COMMISSION EXPIRES JAN. 30, 1944

ceived for filing on MAY 22 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of ~~failure to report~~ any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

236 - 227 - 022 - 366

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100

File No. 18077

Primary Registration District No. 2178

Registered No. 53

FULL NAME OF CHILD Iona Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	July (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William C. Scott	FULL MAIDEN NAME	Dora Cook
RESIDENCE	Hamer, Ida.	RESIDENCE	Hamer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home duties

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Kerisman M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 8-5 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 17 1973

652-225-022-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18078

Primary Registration District No. 2178 Registered No. 52

FULL NAME OF CHILD Leora Eulalia Westover

Sex of Child female	Twin Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth July (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William E. Westover	FULL MAIDEN NAME	Eulalia E. Humble
RESIDENCE	Rex Canyon Creek. Ida	RESIDENCE	Canyon Creek.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home duties

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:50 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Crismon

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho

Filed 7-30 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 5 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 14 11 42 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 18078

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Westover (female) (Name on Original Certificate) who was born (Was Born or Died) on July 25, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leora Eulalila Westover

Subscribed and sworn to before me this 16 day of June, 1975

Notary Public, residing at Salt Lake City Utah
My commission expires July 6, 1975
(Seal)

Signed Leora Westover
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of June, 1975

Notary Public, residing at Salt Lake City Utah
My commission expires July 6, 1975
(Seal)

Signed Eulalia Westover
(Signature of Any Credible Person)

1974 East So. Davis, Utah
(Street Address, City, State)

FORM DN 60-'55 CL 5/22/75 lcc pd.

Social Security Card (518-60-6016) gives name as Leora Eulalia Johnson. viewed by V. S.

JUL 9 1975

Membership Certif. National Society Daughtrer of Utah Pioneers gives name as Leora Eulalia Westover Johnson. national pres. Kate B. Carter. viewed by V. S. No. 34 288. dated 5-10-70.

244-224-022-745

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 100 File No. 18079

No. ..... St. Primary Registration District No. 2178 Registered No. 51

Hospital .....

FULL NAME OF CHILD Vera Jannette Summers

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female			1	yes	July 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harvey Irvin Summers	FULL MAIDEN NAME	Eva Bunnell
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 24, 1913 at 9:40 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-30 1913 G G Espe
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 4

-133-123-022-168

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 160 File No. 18080

Primary Registration District No. 2178 Registered No. 50

FULL NAME OF CHILD Weldon A. Alldredge

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	7 23 1913

FATHER		MOTHER	
FULL NAME	Ezra Alldredge	FULL MAIDEN NAME	Lulu Johnson
RESIDENCE	Rexburg	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-23 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 10 1941

SEP 30 1942

551-119-022-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18081

Primary Registration District No. 2178 Registered No. 49

FULL NAME OF CHILD James LeVear Evans

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			July (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Evans	FULL MAIDEN NAME	Carrie Mortensen
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-30 1913 [signature]

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/15/77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
DEC 30 9 52 AM 77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 1808

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Evans (Name on Original Certificate) who was born (Was Born or Died) on July 9, 1913 (Date of Event)
in Salem, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James LeVear Evans

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed x Harland H. Mortensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of
December, 1977

Notary Public, residing at Rigby, Idaho
My commission expires 5-31-79
(Seal)

Signed x Sheridan B. Evans
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certif of Ordination to the office of Deacon gives name as James Levear Evans son of Jed Earl Evans and Carrie I. Mortensen born July 19, 1913 at Salem Idaho. Baptized Aug 5, 1921. Ordained May 24, 1925. viewed by V. S.

JAN 17 1978

Certif of Baptism and Confirmation from the LDS Church gives nameas James Levere Evans son of Earl Evans. Baptized Aug 5, 1921 . viewed by V. S.

655-119-022-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Thornton

Registration District No. 100 File No. 18082

No. ..... St.

Primary Registration District No. 2178 Registered No. 48

Hospital .....

FULL NAME OF CHILD Carl Willard Weeks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 19 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Willard Leon Weeks	FULL MAIDEN NAME Mabel Muriel Anderson
RESIDENCE Thornton	RESIDENCE Thornton
COLOR white AGE AT LAST BIRTHDAY 27 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	BIRTHPLACE Utah
OCCUPATION laboring man	OCCUPATION housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 19, 1913 at 1:45 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-20 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 10 1955

264-118-022-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 18083

Primary Registration District No. 2178 **Registered No.** 47

FULL NAME OF CHILD Nicholas Josiah Sommer

Sex of Child: Male	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth: July (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edward Sommers	FULL MAIDEN NAME	Etta Hendricks
RESIDENCE	Hibbard	RESIDENCE	Hibbard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Shyer
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address .....

Filed Q-30 1913 G G Estes
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 28 1953

947-18-022-855

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18084

Primary Registration District No. 2178 Registered No. 46

FULL NAME OF CHILD Sylvia Ruth

Sex of Child Female | Twin, Triplet or other? | and Number in order of birth | Legitimate? | Date of Birth July 18 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jas Pugmyr	FULL MAIDEN NAME Inga Pendrickson
RESIDENCE Salem	RESIDENCE Salem
COLOR W	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 20 (Years)
	BIRTHPLACE Idaho
	OCCUPATION Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shipley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-30 19 13 G. G. Estes Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719 - 216 - 022 - 855

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18085

Primary Registration District No. 2178 Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	July 16 1913

FATHER	MOTHER
FULL NAME: Joseph T. Parker	FULL MAIDEN NAME: Anna Heer
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Switzerland
OCCUPATION: Laborer	OCCUPATION: Home Duties

Number of child of this mother, including present birth: 3rd

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Freeman M. D.

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-20 1913

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-215-022-215

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18086

Primary Registration District No. 2178 Registered No. 44

FULL NAME OF CHILD Sylvia Margrete Davis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	7 15 1913

FATHER		MOTHER	
FULL NAME	Ben Davis	FULL MAIDEN NAME	Rosa Sanders
RESIDENCE	Rexburg	RESIDENCE	Rex
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-15 1913 G G Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 18086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on July 15th (Date of Event) 1913
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by bible record (Bible Record, Insurance Policy, Etc.) prepared on august 10th, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	unnamed	Sylvia Margrete Davis

Subscribed and sworn to before me this 10 day of April, 19 44

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th, 1946.
(Seal)

Signed Ben Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hamer, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. } ss.
County of Jefferson }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of July, 19 44

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th, 1946
(Seal)

Signed Ellen B. Davis
(Signature of Any Credible Person Other Than Previous Year)

Rigby, Idaho.
(Street Address, City, State)

MAY 6 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18087

Primary Registration District No. 2178 Registered No. 43

FULL NAME OF CHILD RUTH PINCOCK

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	July (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred Pincock	FULL MAIDEN NAME	Etta Edwards
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shaffer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed July 30 1913 G. G. Espe

Registrar Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 18087

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ruth Pincock (Name on Original Certificate) who was Born (Was Born or Died) on July 10 - 1913 (Date of Event)
in Sugar Mad Co. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	no name	Ruth Pincock

Subscribed and sworn to before me this 3
day of Mar, 1942

Notary Public, residing at Sugar Ida
My commission expires Dec 8-1944
(Seal)

Signed J. Fred Pincock (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Sugar Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of Mar, 1942

Notary Public, residing at Sugar
My commission expires 10-8-44
(Seal)

Signed Fern Ladle
(Signature of Any Credible Person Other Than Previous Year)

Sugar, Idaho
(Street Address, City, State)

719-167-022-414

Amended 2/23/76

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital Res

Registration District No. 100 File No. 18088

Primary Registration District No. 2178 Registered No. 42

FULL NAME OF CHILD Howard Maughan Parkinson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph Smart Parkinson	FULL MAIDEN NAME	Ida L Maughan
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sheep Owner	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 8-30 1913 G. C. Eckle

Registrar Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 6 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

23 FH '76

Certificate No. 18088

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Parkeson (Male) (Name on Original Certificate) who was born (Was Born or Died) on July 7, 1913 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on May 17, 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Parkeson	Howard Maughan Parkinson
fabher's name	Parkeson	Parkinson

Subscribed and sworn to before me this 9th day of February, 19 76

Notary Public, residing at Dubois, Idaho

My commission expires 8/7/76

(Seal)

Signed Howard Parkinson

(Signature of parent or attendant if correcting a birth record, of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

CL 6/6/65 1cc snt as is

FORM DH 60-155

Certif of Ordination to the Holy Priesthood gives name as Howard Maughan Parkinson father's name as Joseph S. Parkinson and mother;s as Ida Maughan. dated May 17, 193 Born July 7, 1913. Baptized Dec 31, 1921. viewed by V. S.

FEB 23 1976

Application to the Bankers Life Co. gives name as Howard Maughan Parkinson born July 7, 1913. dated Nov 24, 1947. viewed by V. S.

613-209-022-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 100 File No. 18089

No. ..... St.

Primary Registration District No. 2178 Registered No. 41

Hospital .....

FULL NAME OF CHILD Mary Isabell Walker

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Tom W Walker	FULL MAIDEN NAME	Georgina Lindsay
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive July 9, 1913, at 5:00 A.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-5 1913 G G Espe

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

357-106-022-841

PLACE OF BIRTH

Amended July 21, 1955

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18090

Primary Registration District No. 2178 Registered No. 40

FULL NAME OF CHILD ROBERT QUANTRELL LEATHAM
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	7 - 6 - 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Robt. A. Leatham	FULL MAIDEN NAME	Aline Quantrell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1:45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D.
(Physician or midwife)

Address .....

Filed 7-6 1913 G. G. Espe
Registrar.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18090

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Velda May Leatham (Name on Original Certificate) who was born (Was Born or Died) on 7-6-1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card prepared on 12/2/36, Hospital Insurance Card 8/15/46
(Bible Record, Insurance Policy, Etc.) Viewed by Div. of Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Velda May	Robert Quantrell Leatham

Subscribed and sworn to before me this 21 day of July, 1955.
Notary Public, residing at Boise Idaho
My commission expires 3-25-1957.
(Seal)

Signed: Robert Quantrell Leatham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
75 West Cambridge Ave - Phoenix, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1957 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of July, 1955.
Notary Public, residing at Boise, Idaho
My commission expires 3-25-1957.
(Seal)

Signed: Sadie O. Swinger
(Signature of Any Credible Person)

(Street Address, City, State)

DPH 52.155

619 - 205 - 022 - 719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 18091

Primary Registration District No. 2178 **Registered No.** 39

FULL NAME OF CHILD Eugene Lyle

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			July (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Wardum	FULL MAIDEN NAME	Ray Tanner
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Clerk Gen Mer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-30 1913 G. G. Espe

..... *Registrar* ..... *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-[redacted]-299

PLAC[redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Fremont

City of Archer

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 18092

Primary Registration District No. 3178 Registered No. 38

FULL NAME OF CHILD LEE GEORGE BURNS

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		yes	July (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Charles Burns	FULL MAIDEN NAME	Esther Briggs
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Archer, Idaho

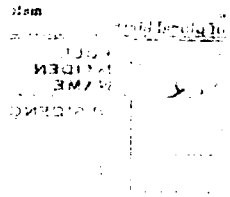
Filed 7-20 1913 G. G. Espe
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 18092

Date Filed April 194[illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 4th 1913 (DATE OF EVENT)
in Archer, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about birth date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lee George Burns

Subscribed and sworn to before me this 29th day of April, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar 27, 1942
(SEAL)

Signed Mrs. Esther B. Burns.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Thornton, Idaho R D No. 1
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 19 42

Notary Public, residing at Rexburg, Idaho

My commission expires Mar. 27, 1942
(SEAL)

Signed Frank C. Burns.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Thornton, Idaho R D No. 1
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 30 1942 By _____
(REGISTRAR'S SIGNATURE)

MAY 1 1942

863-103-022-113

PLACE OF BIRTH

Form V. [illegible] 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Tremont

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18093

Primary Registration District No. 2178 Registered No. 37

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			July (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ezekiel Holman	FULL MAIDEN NAME	Stella Jacobs
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children of this mother now living, including present birth 3d

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4-10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 7-30 1913 G. G. Espe Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

957-202-022-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 18094

Primary Registration District No. 2178 **Registered No.** 36

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female			Aug (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert Ingram	FULL MAIDEN NAME	Mary Johnson
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 8a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 7-6 1913 G. G. Eagle
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-328295

523-101-022-962

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100

Primary Registration District No. 2178

File No. 18095

Registered No. 35

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	No	July (Month) 1 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Fred Eschler	FULL MAIDEN NAME	Carolina Roser
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Switzerland	BIRTHPLACE	Germany
OCCUPATION	Carpenter	OCCUPATION	Home duties

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho.

Filed 7-5 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

963-026-022-791

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18096

Primary Registration District No. 2178 Registered No. 52

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) 7 (Day) 26 (Year) 1913

FATHER

FULL NAME: Albert Zollinger

RESIDENCE: Rexburg

COLOR: ..... AGE AT LAST BIRTHDAY: 39 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Maria Graf

RESIDENCE: Rexburg

COLOR: ..... AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: housekeeper

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born June 26 alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Magdalena Walz (Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-1 1913 G. L. Esspe Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

MAY 2 0 1975

15-4-131-022-245

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18097

Primary Registration District No. 2178 Registered No. 12

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin	1	yes	8 31 1913

FATHER		MOTHER	
FULL NAME	Samuel Anderson	FULL MAIDEN NAME	Catherine Smith
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-31 19 13 G. G. Estes

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

965-231-022-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18098

Primary Registration District No. 2178 Registered No. 73

FULL NAME OF CHILD Mary Elizabeth Zweifel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Aug 31 1913

FATHER		MOTHER	
FULL NAME	John Zweifel	FULL MAIDEN NAME	Hermina Feliy
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Reyburg	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug 31, 1913, at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 9-3 1913

G G Espe Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 18 1969

154-131-022-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Redburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 10099

Primary Registration District No. 2178 Registered No. 71

FULL NAME OF CHILD Horace Neil Anderson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin	2	yes	8 31 13

FATHER	MOTHER
FULL NAME Samuel Anderson	FULL MAIDEN NAME Catherine Smith
RESIDENCE Redburg	RESIDENCE Redburg
COLOR	COLOR
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Ut	BIRTHPLACE Ut
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Esplin M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 8-31 19 13 G. G. Esplin
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-29-41

United States
Department of Commerce
Bureau of the Census SEP 19 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 859
Reg. Dist. No. 631

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

1. **PLACE OF BIRTH:**
   (a) County Fremont (b) City Thornton
   (c) Street Address or R.F.D. No. 1
   (d) Name of Hospital of Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hospital or Maternity Home ..... Days
   In **THIS** county ..... years ..... months ..... days

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
   (a) State Idaho (b) County Fremont
   (c) City Thornton
   (d) Street Address or R.F.D. No. 1
   (e) How long has **MOTHER** lived in Idaho? ..... yrs.
   (f) Mother's mailing address (For registration notice):
   Thornton #1
   (Street or R.F.D.) (Postoffice)

3. **RESIDENCE OF FATHER** (city, state)

4. **FULL NAME OF CHILD** Monell Neil Anderson

5. **DATE OF BIRTH** (Month, day, year) Aug 31, 1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Samuel S Anderson

11. Color or Race W

12. Age at time of THIS birth 39 yrs.

13. Birthplace Fairfield (City or Town) Idaho (State or foreign country)

14. Exact Occupation Farmer

15. Industry Business Own farm

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Catherine Louisa Smith

17. Color or Race W

18. Age at time of THIS birth 34 yrs.

19. Birthplace Richmond (City or Town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum

23. Number of children of this mother: (a) At time of birth and including this child 8 (b) Born alive and now living 5
(c) Born alive and now dead 3 (d) Stillborn 0

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 11:40 P. M. on the date and at the place stated above, and that personal particulars were furnished by Catherine Anderson (First name) (Last name) who is related to this child as mother (Mother, etc.)

26. (a) 9-17-41 (Date received) (b) Mae Haymond (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** G. G. Espe M.D. (D.O., Midwife, etc.)
and address Burley Date 9/16/41

LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date of birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delivery?

Yes..... No..... Pos..... Neg.....

(e) Signature of Physician:

.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Rexburg

Registration District No. 100

File No. 18100

No. ..... St.

Primary Registration District No. 2178

Registered No. 70

Hospital .....

FULL NAME OF CHILD Julien Lee Jayne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	8 28 1913

FATHER		MOTHER	
FULL NAME	W. Clarence Jayne	FULL MAIDEN NAME	Sadie Julien
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Ind
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 540 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

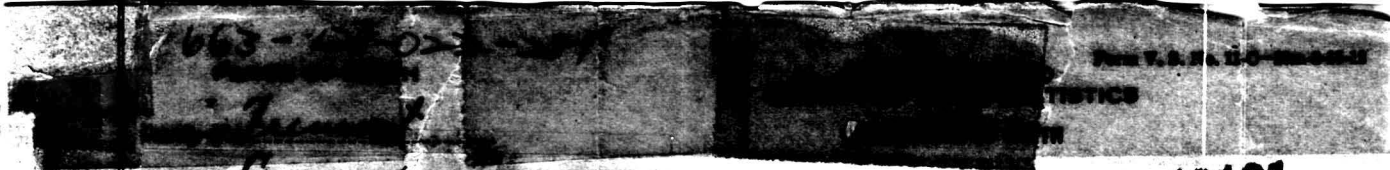
Filed 8-28 1913 G G Espe

Registrar

Registrar

S-Y CO. 20174

JUN 25 1946



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

663 - [illegible]

Form V. S. No. [illegible]

[illegible]TISTICS

City of Lyman

No. ..... St.

Registration District No. 100

File No. 18101

Primary Registration District No. 2178

Registered No. 69

Hospital .....

FULL NAME OF CHILD HENRY OTTO WOLFENSBERGER

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Aug. 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Otto Wolfensperger	FULL MAIDEN NAME	Ruby Sharp
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Jeweler	OCCUPATION	Home duties

Number of child of this mother, including present birth 1st.

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

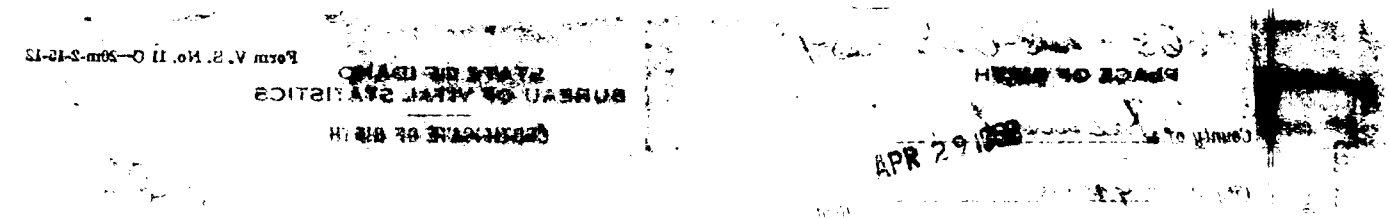
Address Rexburg Idaho

Filed 8-30 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174



SEP 1 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18102

Primary Registration District No. 2178 Registered No. 68

FULL NAME OF CHILD Anna Hunt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Aug. 26 1913

FATHER

FULL NAME John J. Hunt

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Sheep raiser

MOTHER

FULL MAIDEN NAME Mary E. Beesley

RESIDENCE Rexburg

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Utah

OCCUPATION Home Duties

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn) at 11:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Crismon M.D.

(Physician or midwife)

Address Rexburg, Idaho

Filed 8-30 1913 G. G. Cope

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

465-121-022-133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... *St.*

Hospital .....

Registration District No. 100 **File No.** 18103

Primary Registration District No. 2178 **Registered No.** 67

FULL NAME OF CHILD ? Donaldson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	L	2	yes	Aug 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alma Donaldson	FULL MAIDEN NAME	Sadie Jeanette Allen
RESIDENCE	Teton	RESIDENCE	Teton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

St Anthony Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-25 1913 G G Espe

..... Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1967

DECEASED

993-220-022-718

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Ryburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18104

Primary Registration District No. 2178 Registered No. 66

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 20 1913

FATHER		MOTHER	
FULL NAME	Dennis Ricks	FULL MAIDEN NAME	Hazel Gorman
RESIDENCE	Ryburg	RESIDENCE	Ryburg
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:06 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Cooper M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-20 1913

..... Registrar

G. G. Cooper Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 95-119-022-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 100 File No. 18105

No. ..... St. Primary Registration District No. 2178 Registered No. 65

Hospital .....

FULL NAME OF CHILD Niels Hrileson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		yes	Aug. 19, 1913

FATHER	MOTHER
FULL NAME Orson P Hrileson	FULL MAIDEN NAME Matilda Jensen
RESIDENCE Independence	RESIDENCE Independence
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Aug. 19, 1913, at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl I Peterson

midwife
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 8-21 1913 G G Espe
Registrar

8-Y CO. 20174

214-118-[illegible]

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Burton

No. ....., ... St.

Hospital .....

Registration District No. 100 File No. 18106

Primary Registration District No. 2178 Registered No. 64

FULL NAME OF CHILD Richard Kauer

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) 8 (Day) 18 (Year) 1913
Boy			

FATHER		MOTHER	
FULL NAME	Fred Kauer	FULL MAIDEN NAME	Rosa Beck
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	85	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Switzerland, Bern	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address .....

Filed 8-20 1913 G G Espe

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

299-216-052-593

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18107

Primary Registration District No. 2178 Registered No. 63

FULL NAME OF CHILD BERNICE BRIAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		Yes	8 16 1913

FATHER		MOTHER	
FULL NAME	F. Leslie Brian	FULL MAIDEN NAME	Meda Nichols
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ut	COLOR	W
OCCUPATION	Musician	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Ida
		OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Caspe M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-16 1913 G. G. Caspe

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 18107

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Bernice Brian (Name on Original Certificate) who born (Was Born or Died) on Aug. 16 - 1913 (Date of Event)
in at home, Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible and baptismal certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Bernice Brian

Subscribed and sworn to before me this 3rd day of August, 1942

Notary Public, residing at Los Angeles, Calif.
NOTARY PUBLIC IN AND FOR COUNTY OF LOS ANGELES, STATE OF CALIFORNIA
My commission expires MY COMMISSION EXPIRES OCT. 28, 1942
(Seal)

Signed Almeda Nichols Brian
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

13537 N. Serrano, Los Angeles, Calif.
(Street Address, City, State)

Mother

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of August, 1942

Notary Public, residing at Los Angeles, Calif.
My Commission Expires Oct. 28, 1945
My commission expires
(Seal)

Signed Theodore C. Hanson
(Signature of Any Credible Person Other Than Previous Year)

1554 Gordon St.
(Street Address, City, State)
Los Angeles, Calif

AUG 6 1942

AUG 7 1942

175-116-022-354

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18108

Primary Registration District No. 2178 Registered No. 62

FULL NAME OF CHILD William Agee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	8 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm. H. Agee	FULL MAIDEN NAME	Margaret Tempest
RESIDENCE	Salt Lake City	RESIDENCE	Same
COLOR	AGE AT LAST BIRTHDAY 38 (Years)	COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ut.
OCCUPATION	Traveling salesman	OCCUPATION	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-16 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

[redacted] STATE OF [redacted]

Form V. S. No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH*

PLACE OF BIRTH

County of Fremont

City of Redwing

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18109

Primary Registration District No. 2178 Registered No. 61

FULL NAME OF CHILD LaRee Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	8 15 1913

FATHER		MOTHER	
FULL NAME	J. Albert Albert Smith	FULL MAIDEN NAME	Jessie Walters
RESIDENCE	Redwing	RESIDENCE	Red
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	Iere
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.55 A. M. on the date above stated.

(Signature) G. G. Espe M.D.

(Physician or midwife)

Address .....

Filed 8-15- 1913 G. G. Espe Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 18109

Date Filed Aug. 15, 1913

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for ____ (Name on Original Certificate) who born (Was Born or Died) on Aug. 15, 1913 (Date of Event)

in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
No name	No name	La Ree Smith

Subscribed and sworn to before me this 30 day of December 1963

Lloyd Christensen

Notary Public, residing at Caldwell, Idaho

My commission expires 11-7-65

(Seal)

Signed Bertha C. Garner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 So 13th Caldwell, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30TH day of December 1963

Lloyd Christensen

Notary Public, residing at Caldwell, Idaho

My commission expires 11-7-1965

(Seal)

Signed Keith L. Carr

(Signature of Any Credible Person)

1215 Savanah St Caldwell, Ida

(Street Address, City, State)

FORM DH 60-155

Child's birth certificate gives full name as La Ree Smith. Child born Mc
March 5, 1941. Viewed by Vital Statistics. Nov. 2, 1962 # 310851

MAY 30 1974

School record gives fulle name as LaRee Smith issued by Madison High School
Issued May 22, 1931. Viewed by Vital Statistics.

JAN 2 1964

791-115-022-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Burton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18110

Primary Registration District No. 2178 Registered No. 60

FULL NAME OF CHILD George Newell Graham

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Aug. 15, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Newell Geo. Graham	FULL MAIDEN NAME	May Brown
RESIDENCE	Burton Ida.	RESIDENCE	Burton Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Home duties

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Ida

Filed 8-18 1913 G. G. Espe

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

[redacted]

No. 11-C—20m-2-15-12

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18111

Primary Registration District No. 2178 Registered No. 59

FULL NAME OF CHILD Alberta Pleasance Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	8 (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clements Jensen	FULL MAIDEN NAME	Edith Furee
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-10 1913 G. G. Espe

Registrar Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Weber } ss.

Certificate No. 18111

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alberta Pleasance Jensen (Name on Original Certificate) who was born (Was Born or Died) on August 10, 1913 (Date of Event)
in Salem, Idaho Madison Co (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on September 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Alberta Pleasance Jensen

Subscribed and sworn to before me this ninth
day of May, 1945
D K Roberts
Notary Public, residing at Ogden, Utah
My commission expires February 6, 1947
(Seal)

Signed Edith F. Jensen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
3559 Grant Avenue-Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Weber } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ninth
day of May, 1945
D K Roberts
Notary Public, residing at Ogden, Utah
My commission expires February 6, 1947
(Seal)

Signed Elsa H Jensen
(Signature of Any Credible Person Other Than Previous Year)
3559 Grant Avenue-Ogden, Utah
(Street Address, City, State)

MAY 2 1 1945

766 - 210 - 022 - 212

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18112

Primary Registration District No. 2178 Registered No. 58

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	8 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Scott Gordmundson	Maud Bassett
RESIDENCE	Burley Ida	Burley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	24
BIRTHPLACE	Ida	Ida
OCCUPATION	Insurance agent	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-10-1913 G. G. Espe

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

437-107-022-165

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Ryburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18113

Primary Registration District No. 2178 Registered No. 57

FULL NAME OF CHILD Lorin Jones McGarry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	8 7 1913

FATHER

FULL NAME: Peter McGarry

RESIDENCE: Ryburg

COLOR: W AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Flossy Jones

RESIDENCE: Ryburg

COLOR: AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Ida

OCCUPATION:

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 8-7 19 13 G. G. Espe
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from dapl[illegible] poppy [illegible]dan[illegible] doctor

859-103-022-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18114

Primary Registration District No. 2178 Registered No. 56

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	8 (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alma Hertzig	FULL MAIDEN NAME	Nettie Chandler
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 32 (Years)	COLOR	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1240 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 8-3 1913 G. G. Espe

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-218-022-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18115

Primary Registration District No. 2178 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child F.	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 9 (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William O. Byrnes	FULL MAIDEN NAME	Letha Hard
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ut.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-18 1913 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0—Rev-5-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 10 1966

439-116-022-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18116

Primary Registration District No. 2178 Registered No. 80

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	9 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John McIntire	FULL MAIDEN NAME	Charlotte Smith
RESIDENCE	Lyman Ida	RESIDENCE	Lyman
COLOR	W AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Wt.	BIRTHPLACE	Wt.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M.D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-16 1913 G. G. Espe
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-116-022-997

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18117

Primary Registration District No. 2178 Registered No. 79

FULL NAME OF CHILD Kenneth Rigby Flamm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 16 1913

FATHER	MOTHER
FULL NAME J. Daniel Flamm	FULL MAIDEN NAME Frances Rigby
RESIDENCE Rexburg	RESIDENCE Rexburg
COLOR W AGE AT LAST BIRTHDAY 40 (Years)	COLOR W AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Ut.	BIRTHPLACE Ut.
OCCUPATION Bill-collector	OCCUPATION

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8.40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Eaton M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 9-16 1913 G. L. Eaton

..... Registrar

Registrar

S-Y CO. 20174

Own Child's Birth Cert. on file: (Idaho Birth) #337668 gives full name of father as Kenneth Rigby Flamm - viewed by V.S. L.D.S. Church Certificate of Blessing, Nov. 5, 1913 gives full name of child as Kenneth Rigby Flamm, son of John Daniel Flamm and Frances Rigby, born Sept. 16, 1913 at Rexburg, Idaho - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18117

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Flamm (male child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 16, 1913 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Kenneth Rigby Flamm

Subscribed and sworn to before me this 26th day of March, 1962

Notary Public, residing at Rexburg, Idaho
My commission expires June 23, 1963
(Seal)

Signed Russell H. Flamm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

227 E. Main Rexburg, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of March, 1962

Notary Public, residing at Rexburg, Idaho
My commission expires June 23, 1963
(Seal)

Signed Brent Flamm
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 3-21-62. ~~nm~~ one copy pd. rec. #8665.

APR 19 1962

599-111-022-313

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10-C File No. 18118

Primary Registration District No. 2178 Registered No. 78

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	9 11 1913

FATHER

FULL NAME Alfred Reichenberger

RESIDENCE Rexburg

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Switzerland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Pauline Petersen

RESIDENCE Rexburg

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Switzerland

OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1205 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe M. D.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 9-11 19 13 G. G. Espe
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of Sunny Dell

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-13

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18119

Primary Registration District No. 2178 Registered No. 74

FULL NAME OF CHILD Lynnette Hawley Hunsaker

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	Sep. 6 1913

FATHER		MOTHER	
FULL NAME	Joseph L Hunsaker	FULL MAIDEN NAME	Jenny Hawley
RESIDENCE	Sunny dell	RESIDENCE	Sunny dell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Idaho Falls
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 o'clock at a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret A Briggs

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address midwife

Filed 9-8 1913 G G Espe

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 28 1964
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 18119

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Hunsaker (female child) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 6, 1913 (Date of Event) in Sunnydell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lynnett Hawley Hunsaker

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Carbon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of October, 1964

Notary Public, residing at Wellington, Utah

My commission expires October 1966

(Seal)

Signed Cleora Thorngren
(Signature of Any Credible Person)

Wellington, Utah
(Street Address, City, State)

FORM DH 60-155 CL 12-11-61. nm one copy pd. rec. #12011.

L.D.S. Church Cert. of Baptism and Confirmation, Feb. 22, 1959 gives full name as Kelly Paula Jenkins, daughter of Paul James Jenkins and Lynnette Hawley Hunsaker, born Feb. 26, 1946 at Price, Utah - viewed by V.S.

SEP 8 1965

Own Child's Birth Cert., State ofUtah, State File No. 138, gives full name ofchild as Leslie Raquel Jenkins, born Oct. 27, 1939 at Orangeville, Utah to Paul James Jenkins and Lynnette Hawley Hunsaker - viewed by V.S.

documents gave first name spelled Lynnette instead of Lynnett so we added first name as Lynnette 9-8-65.

652-105-022-613

Form V. S. No. 11-C [illegible] 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18120

Primary Registration District No. 2178 Registered No. 77

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9 5 1913

FATHER		MOTHER	
FULL NAME	Elmo Webster	FULL MAIDEN NAME	Lovina Walker
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at XX0 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Eaton M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 9-5 1913 G. L. Eaton

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-205-022-365

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18121

Registration District No. 100 File No. .....

Primary Registration District No. 2178 Registered No. 75

FULL NAME OF CHILD Mary Leah Brian

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Sept. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Joshua Brian	FULL MAIDEN NAME	Pearl Long
RESIDENCE	Rexburg Idaho.	RESIDENCE	Rexburg
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	H.D.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho.

Filed 9-6 1913 G. G. Espe

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-226-028-913

Form V. S. No. 11-C, 20m-8-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]ACE OF BIRTH

Kootenai

City of Spirit Lake

No. ..... St.

Hospital Verna

FULL NAME OF CHILD ~~Baby~~ Hannahs

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18123

Primary Registration District No. 2051 Registered No. 540

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		yes	Sep 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter W Hannahs	FULL MAIDEN NAME	Jessie Kath
RESIDENCE	Spirit Lake Id	RESIDENCE	Spirit Lake Id
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spt Lake

Filed 11/10 1913 D D Dunnay

Registrar

Registrar

S-Y CO. 20174

[redacted]

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington, } ss.
County of Douglas }

Certificate No. 18123

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Verna Hannahs (Name on Original Certificate) who was born (Was Born or Died) on September 26, 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth record book (Bible Record, Insurance Policy, Etc.) prepared on about October 26, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Verna Hannahs

Subscribed and sworn to before me this 16th day of March, 1944.

Frank J. Mallon

Notary Public, residing at Waterville, Wash.

My commission expires December 1, 1946
(Seal)

Signed Jessie Hannahs Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Waterville, Washington.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington, } ss.
County of Douglas }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of March, 1944.

Frank J. Mallon

Notary Public, residing at Waterville, Washington,

My commission expires December 1, 1946
(Seal)

MAR 1 8

Signed Webb Hannahs
(Signature of Any Credible Person Other Than Previous Year)
Father

Waterville, Washington.
(Street Address, City, State)

MAR 2 0 1944

366-131-028-696

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18124

Primary Registration District No. 2049 Registered No. 535

FULL NAME OF CHILD ~~John Frost Loftin~~ Eli Dennis Frederick Loftin

Sex of Child: Male	Twin Triplet or other? and Number in order of birth: 6 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Aug (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Elias Loftin	FULL MAIDEN NAME	Elizabeth Hanna Frost
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Aug 30, 1913 at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed Nov 10 1913 D. D. Drumm
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/24/41 Z.J.

693-128-028-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries,

No. #, # *St.*

Hospital St. Maries

Registration District No. 12 **File No.** 18125

Primary Registration District No. 2049 **Registered No.** 534

FULL NAME OF CHILD Wilford Lloyd Willey

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes	8 (Month) 28 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Wilford Bennett Willey	FULL MAIDEN NAME: Rhoda Margarete Fenn
RESIDENCE: St. Maries	RESIDENCE: St. Maries
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Unda N. Y.	BIRTHPLACE: Idaho.
OCCUPATION: Forest Examiner	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8445 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F C Gibson

Physician.

(Physician or midwife)

Given names added from a supplemental report

....., 19....

Address St. Maries, Idaho.

Filed Nov 10 1913 D D Brunner

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

443-127-028-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake Ida Registration District No. 12 File No. 18126

No. ____ St. Primary Registration District No. 2057 Registered No. 533

Hospital ____

FULL NAME OF CHILD James Allan Mathers Baugh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1		yes	Sept 27 1913

FATHER		MOTHER	
FULL NAME	Allan Mathers Baugh	FULL MAIDEN NAME	Alice Wandler
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ill.	BIRTHPLACE	Wis
OCCUPATION	Locomotive Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S. Pondler M. D.

(Physician or midwife)

Address Spirit Lake Ida

Filed Nov 10 1913 D. D. Drennan
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-227-028454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai,

City of St. Maries

No. #, #, St.

Hospital #, #, #

Registration District No. 12 File No. 16127

Primary Registration District No. 2049 Registered No. 232

FULL NAME OF CHILD ~~Baby~~ Northlander Norene Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	9 27 1913

FATHER		MOTHER	
FULL NAME	Alex Northlander	FULL MAIDEN NAME	Ruth Anderson.
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Sweeden
OCCUPATION	Band saw filer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician ~~or Midwife~~)

Address St. Maries

Given names added from a supplemental report

K, 19

Filed Nov 10 1913 J. D. Brannan Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Kootenai

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

18127

State of Idaho. }
County of Benewah } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary (Name on Original Certificate) who was born (Was Born or Died) on Sept. 27, 1913 (Date of Event)
in St Maries or St Joe Idaho (Place of Event) are erroneous or were omitted and that, to the best of his knowledge, the
true facts are shown by personal knowledge of affiant since birth. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mary	Norene Marie Northlander

Subscribed and sworn to before me this 15
day of September, 1942
Fay A Bowen
Notary Public, residing at
My commission expires
(Seal)

Signed H O Carlson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
St Maries Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho. }
County of Benewah. } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of September, 1942
Fay A Bowen.
Notary Public, residing at Notary Public, State of Idaho, Residing at St. Maries, Idaho
My commission expires Commission Expires February 21, 1945
(Seal)

Signed Mrs Ellis Bergman
(Signature of Any Credible Person Other Than Previous Year)
St Maries Idaho.
(Street Address, City, State)

SEP 2 1 1942

862-114-028-689

Form V. S. No. 11-C—20m-8-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18128

Primary Registration District No. 2049 Registered No. 531

FULL NAME OF CHILD Willard Nelson Hosea

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes.	Sept 14 1913

FATHER	MOTHER
FULL NAME Earl Raymond Hosea	FULL MAIDEN NAME Hoanen E Wright
RESIDENCE Harrison Idaho.	RESIDENCE Harrison Idaho.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Ind.	BIRTHPLACE Ills.
OCCUPATION Laborer.	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Sept 14, 1913, at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Fleming M.D.
Physician
(Physician or midwife)

Address Harrison Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1913 E. D. Brennan
Registrar

..... Registrar

8-Y CO. 20174.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1942

MAY 3 1954

455-113-028-958

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Ida

No. ....., ... St.

Registration District No. 12 File No. 18129

Primary Registration District No. 2051 Registered No. 5:30

Hospital .....

FULL NAME OF CHILD Allen ~~[illegible]~~ Norris Denton

Sex of Child	~~Twin, Triplet, or other?~~	and ~~Number in order of birth~~	Legitimate?	Date of birth
M	1	1	Yes	Sept. 13, 1919 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George E. Denton	FULL MAIDEN NAME	Josephine Reynolds
RESIDENCE	Post-Falls.	RESIDENCE	Post Falls.
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Phillips Co. Kansas	BIRTHPLACE	Boone Co. Iowa
OCCUPATION	Laborer.	OCCUPATION	His-wife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19....

Address Post Falls Ida

Filed Nov 10 1913 D. D. Drennan Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 13 1964

JUL 5 1966

168-217-028-177

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18130

County of Kootenai

City of St. Maries

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 12 **File No.**_____

Primary Registration District No. 2049 **Registered No.** 529

FULL NAME OF CHILD [redacted]son. Thelma Lenore Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	9 — 17 — 1913

FATHER	MOTHER
FULL NAME Charlie L. Johnson	**FULL MAIDEN NAME** Elsie Applegate
RESIDENCE St. Maries	**RESIDENCE** St. Maries
COLOR White **AGE AT LAST BIRTHDAY** 25 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE Missouri	**BIRTHPLACE** Missouri
OCCUPATION Fireman	**OCCUPATION** Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4:A m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician. (Physician or [redacted])

Given names added from a supplemental report

_____, 19____

Address St. Maries, Idaho.

Filed Nov. 10 1913 D. D. Duncan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

18130

719-109-028-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. ..... St.

Hospital St. Maries

Registration District No. 12 File No. 18131

Primary Registration District No. 2049 Registered No. 528

FULL NAME OF CHILD Ray James Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	9 — 9 — 1913

FATHER	MOTHER
FULL NAME: Elvin Viola Parker	FULL MAIDEN NAME: Ora Williams
RESIDENCE: St. Maries	RESIDENCE: St. Maries
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 55 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician

(Physician or ~~Midwife~~)

Address St. Maries, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 1913 D. D. Drennan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

DEC 7 1942

[redacted]

298-120-028-863

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake Ida

Registration District No. 12 File No. 18132

No. ..... St.

Primary Registration District No. 2051 Registered No. 527

Hospital .....

FULL NAME OF CHILD Baby Sigvartsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1		—	yes	Aug (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hans Sigvartsen	FULL MAIDEN NAME	Johanna Halverson
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a m M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle M D

(Physician or midwife)

Address Spirit Lake Ida

Filed Nov 10 1913 D. D. Drennan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-217-028-863

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rural Post Falls Registration District No. 12 File No. 18133

No. ____, ____ St. Ida

Primary Registration District No. 205-1 Registered No. 526

Hospital

FULL NAME OF CHILD Josephine Grace Cook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. Male	/	1	Yes.	Aug. 17, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl L. Cook	Mary Holm
RESIDENCE	Rural Post-Falls.	Rural - Post-Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	22
BIRTHPLACE	Osborne Idaho.	Post-Falls, Idaho.
OCCUPATION	Rancher.	His wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F Campbell M.D.

(Physician or Midwife)

Address Post Falls Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov 10 1913 D D Drennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-355008

DUP OF 13-355008

453-217-028-691

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Ida Rural

Registration District No. 12

File No. 18134

No. ..... St.

Primary Registration District No. 2027

Registered No. 525

Hospital .....

FULL NAME OF CHILD Helen Elizabeth Mellick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. M.	/	/	yes	Aug 17, 1913

FATHER		MOTHER	
FULL NAME	Guy A. Mellick	FULL MAIDEN NAME	Myrtle L. Frazier
RESIDENCE	Rural Post-Falls,	RESIDENCE	Rural Post-Falls
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	South Dakota	BIRTHPLACE	Liberty Lake Ida
OCCUPATION	Ranches	OCCUPATION	His wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F Campbell

Report made for parents, no doctor in attendance

(Physician or Midwife)

Address Post Falls Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 1913 D D Drumm

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Kootenai

City of Post Falls, Idaho

No. 552-212-028-314 St.

(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 State File No. 18135

Prim. Registration District No. 2051 Local Registrar's No. 524

2. FULL NAME OF CHILD Agnes Ness

3. Sex Female | If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ | 6. Premature ____ Full term ____ | 7. Legitimate? Yes | 8. Date of birth Aug. 12, 1 (Month, Day, Year)

FATHER

9. Full name William S. Ness

10. Residence (usual place of abode) (If non-resident, give place and State) Post Falls, Ida

11. Color or race white | 12. Age at last birthday 28 (years)

13. Birthplace (city or place) Scotland (State or Country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumberman

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work ____, 19____

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Charlotte Campbell

19. Residence (usual place of abode) (If non-resident, give place and State) Post Falls,

20. Color or race white | 21. Age at last birthday 28 (y

22. Birthplace (city or place) Scotland (State or Country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work ____, 19____

26. Total time (years) spen in this work

27. What prophylactic was used to prevent Ophthalmia Neonatorum?

28. Number of children of this mother 5 (At time of this birth and including this child)
(a) Born alive and now living 5 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ Before labor ____ During labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born Alive or Stillborn) at 1 P. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

(Signed) B. F. Campbell, M. D., M. D.

or ____, Midwife

Address ____

Filed Nov. 10, 1913 D. D. Druman Registrar.

Registrar.

JUL 12 1948

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 524

Date Filed Nov. 10, 1913

The undersigned does solemnly swear that certain facts on the certificate of Katherine Mess (Birth) (Birth or Death)
for Katherine Mess (Name on Original Certificate) who born (Was Born or Died) on Aug 12, 1913 (Date of Event)
in Post Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Katherine	Agnes

Subscribed and sworn to before me this 8th
day of July, 1948

Notary Public, residing at Coeur d Alene, Idaho
My commission expires Nov. 15, 1949
(Seal)

Signed William West Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Post Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Kootenai } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th
day of July, 1948

Notary Public, residing at Coeur d Alene, Idaho
My commission expires Nov. 15, 1949
(Seal)

Signed Mrs Sarah Cartwright Elder sister
(Signature of Any Credible Person Other Than Previous Year)

517 Locust, Coeur d Alene, Idaho
(Street Address, City, State)

JUL 14 1948

NOV 8 1963

AUG 10 1972

266-217-028-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Koolenai

City of Spirit Lake Ida

Registration District No. 12 File No. 18136

No. ..... St.

Primary Registration District No. 2051 Registered No. 523

Hospital .....

FULL NAME OF CHILD ~~Sarah Maude~~ ALMA EMALINE BOWER

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	1		Yes	June 17th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Bower	FULL MAIDEN NAME	Violet McLaughlin
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pa	BIRTHPLACE	Pa
OCCUPATION	Trainman log loader	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spirit Lake Ida

Filed Nov 10 1913 D D Drennan

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 18136

Date Filed JUN 23 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Alma Emaline Bower (Name on Original Certificate) who Born (Was Born or Died) on June 17, 1913 (Date of Event) in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by mother, Bible (Bible Record, Insurance Policy, Etc.) prepared on June 19, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Sarah Maude	Alma Emaline Bower
	Alma Emaline Bower	Alma Bower Clark

Subscribed and sworn to before me this 19th day of June, 1943

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 2/23/46.
(Seal)

Signed Mrs Violet M. Bower
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Coeur d'Alene, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of June, 1943

Notary Public, residing at Coeur d'Alene, Idaho

My commission expires 2-23-46
(Seal)

Signed Mrs Emma Kibler
(Signature of Any Credible Person Other Than Previous Year)

Coeur d'Alene, Idaho
(Street Address, City, State)

JUN 25 1943

319 - 125-028-243

PLACE OF BIRTH

Form V. S. No. 13-C—Rev. 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18137

County of Kootenai

City of Spirit Lake Ida. Registration District No. 12 File No.

No. St.

Primary Registration District No. 2051 Registered No. 5122

Hospital

FULL NAME OF CHILD Arthur Carl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 25 1913

FATHER		MOTHER	
FULL NAME	H. E. Carl	FULL MAIDEN NAME	Minnie Sullivan
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	33
		BIRTHPLACE	Wis
		OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Bridle (Physician or midwife)

Address Spirit Lake Idaho

Given names added from a supplemental report

19

Registrar

Filed Nov. 10 1913 D. D. Brennan Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-119-028-554

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital Prindle

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18138

Primary Registration District No. 2057 Registered No. 521

FULL NAME OF CHILD Roswell Endress Jones

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	1st	Yes	June 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eli Jones	FULL MAIDEN NAME	Flora M. Endres
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	New York	BIRTHPLACE	Illinois
OCCUPATION	R.R. Brakeman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was June 19th, at 9 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl Streidle
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spirit Lake Ida

Filed Nov 10 1913 D D Drumm
Registrar

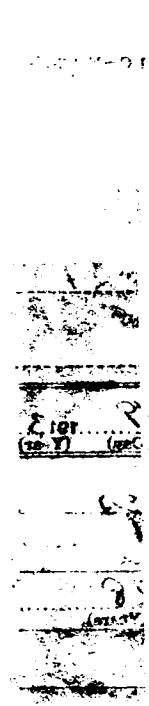
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



453-127-028-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Harlem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18139

Registration District No. 12 File No. .....

Primary Registration District No. 2051 Registered No. 541

FULL NAME OF CHILD Edward Lee Delp

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 27 1913

FATHER		MOTHER	
FULL NAME	James Delp	FULL MAIDEN NAME	Jennie Clark
RESIDENCE	Harlem	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Tenn.	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 129 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 4/10 1913 D D Drennan Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-17-41

466-105-028-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18140

Primary Registration District No. 2049 Registered No. 542

FULL NAME OF CHILD Chas Harvy Moore

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	1	Yes	Oct 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ray Moore	FULL MAIDEN NAME	Lucy Smith
RESIDENCE	Harrison Idaho	RESIDENCE	Harrison Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Wis.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive ~~Sept~~ Oct 5 1913 at 12.30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M.D.
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed 11/10 1913 D D Drennan
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 2, G. No. 1(c)—Rules 1(c), 2

1814

19...

(Year)

345-211-028-863

Form V. S. No. 11-C-20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18141

Primary Registration District No. 2049 Registered No. 543

FULL NAME OF CHILD REBA MAY CUNNINGHAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	9	Yes	Oct 11 1913

FATHER	MOTHER
FULL NAME Joseph A Cunningham	FULL MAIDEN NAME Artie Holesteiss
RESIDENCE Harrison Idaho	RESIDENCE Harrison Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Douglas County, Missouri	BIRTHPLACE Douglas County, Missouri
OCCUPATION Labour	OCCUPATION Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Oct 6 1913 at 1300 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Finney M D
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Harrison Idaho

Filed Nov 10 1913 D D Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 18141

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Alice Cunningham (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Oct. 6, 1913 (DATE OF EVENT)
in Harrison (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Reba May Cunningham
birthdate	Oct. 6, 1913	Oct. 11, 1913
birthplace of father	not given	Douglas Co. Mo.
birthplace of mother	not given	Douglas Co. Mo.

Subscribed and sworn to before me this 17 day of April 1942, 19 ....

M A Kiger

Notary Public, residing at Harrison

My commission expires 11/4/42
(SEAL)

Signed Artie Cunningham
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of April, 19 42.

M A Kiger

Notary Public, residing at Harrison

My commission expires 11/4/42
(SEAL)

Signed Josiah P Cunningham
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Harrison, Idaho [redacted]
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 7 1942

386-108-028-551

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 1021 Second St.

Hospital

Registration District No. 12

File No. 18142

Primary Registration District No. 1003

Registered No.

FULL NAME OF CHILD Edwin Merrel Thoroughman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Oct. 8th 1913

FATHER		MOTHER	
FULL NAME	Edwin Thoroughman	FULL MAIDEN NAME	Mary Wah Evans
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio.	BIRTHPLACE	Colo.
OCCUPATION	Preacher Salvation Army	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alexander Cairns

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address #611 Garden Ave Coeur d'Alene

Filed Nov 10 1913 D D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-108-028-819

U. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18143

Primary Registration District No. 2079 Registered No. 5'45

FULL NAME OF CHILD Leonard J. Blish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Oct 8 1913

FATHER		MOTHER	
FULL NAME	Louis Blish	FULL MAIDEN NAME	Ida Harpst
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 8/1913, at 11 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bunning M.D.

Physician

(Physician or midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

Filed Nov 10 1913 W. D. D. Registrar

..... Registrar

S-Y CO. 20174

Certified Copy issued Feb. 25, 1941. E.W.

314-211-028-294

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. 202 - Indiana St.

Hospital

Registration District No. 12

File No. 18144

Primary Registration District No. 1003

Registered No. 546

FULL NAME OF CHILD ~~Female~~ Helen Campbell

Sex of Child: Female	Twin Triplet or other? Single and Number in order of birth 7 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Oct (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert S. Campbell	FULL MAIDEN NAME	Viola Ridder
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	New Brunswick	BIRTHPLACE	Minn
OCCUPATION	Manager St. Joe Boom Co.	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Phys
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed Nov 10 1913 D D Drennan
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-1-41

OCT 2 5 1954

365 - 214-028-368

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene — Registration District No. 12 — File No. 18145

No. 303 military Dr. St. — Primary Registration District No. 1203 — Registered No. 547

Hospital

FULL NAME OF CHILD Marion Elizabeth Love

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		I	Yes	Oct 14 1913

FATHER		MOTHER	
FULL NAME	Lewis Roy Love	FULL MAIDEN NAME	Louise Coyeaulx
RESIDENCE	Coeur d'Alene	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ill.
OCCUPATION	Retired merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth I — Number of children of this mother now living, including present birth I

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. K. Shepherd

(Physician or midwife)

Address CDA

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 10 1913 D. D. Drumm

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

386-120-028-365

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 12 File No. 18146

No. ..... St.

Primary Registration District No. 1003 Registered No. 548

Hospital .....

FULL NAME OF CHILD James

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male			II	Yes	Oct (Month) 20 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Saul Thornton	FULL MAIDEN NAME	Helen Congdon
RESIDENCE	Coeur d'Alene	RESIDENCE	Coeur d'Alene
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Indiana
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J H Shephard

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address C D'A Idaho

Filed Nov 10 1913 D D Drennan

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253-124-028-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18147

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 12 File No. [redacted]

Primary Registration District No. 2057 Registered No. 549

FULL NAME OF CHILD Earl Robert Kellar

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	1			yes	Oct 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ford Kellar	FULL MAIDEN NAME	Leona Kellar
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Wis
OCCUPATION	Locomotive Engr	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S Prindle MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Spirit Lake

Filed Nov 10 1913 D D Drumann

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1847

895-123-028-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootani

City of Spokane Bridge

Registration District No. 17

File No. 18148

No. ..... St.

Primary Registration District No. 2051

Registered No. 538

Hospital .....

FULL NAME OF CHILD Hugh H. Hunter Jun

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 22 1913

FATHER		MOTHER	
FULL NAME	Hugh Hunter	FULL MAIDEN NAME	Lillian Miller
RESIDENCE	Spokane Bridge	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Fan
OCCUPATION	Apple packer	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennen M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 4/10 1913 D D Drennen

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

712-221-028-294

(Be sure the information is complete and accurate)

Amended 9-18-67

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18149
Local Reg. No. 237
Reg. Dist. No. 12

1. PLACE OF BIRTH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McGuire
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McGuire
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gwendolyn
b. (Middle): Grace
c. (Last): Gaskill

4. SEX: F.
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Oct. (Day) 21, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Earl
b. (Middle): Ray
c. (Last): Gaskill

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kan.
10. USUAL OCCUPATION: Mill Worker
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Rachel
b. (Middle):
c. (Last): Brugger

13. AGE (At time of this birth): 23 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Wash.
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Rathdrum, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 11/10/1913
22. REGISTRAR'S SIGNATURE: D.D. Drennan
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
'ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Santa Clara } ss.

Certificate No. 18149

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Gludalyn Gaskell (Name on Original Certificate) who was born (Was Born or Died) on Oct. 21, 1913 (Date of Event)
in McGuire, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Gludalyn Gaskell	Gwendolyn Grace Ray Gaskill
Father's Name	Earl Gaskell	Earl Gaskill
Mother's Maiden Name	Rachael Brugger	Rachel Brugger
Mother's Birthplace	N. Dakota	Wash.

Subscribed and sworn to before me this 9th day of March, 1962

(E. J. Martin)

Notary Public, residing at San Jose, California

My commission expires 4/29/63.

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[signature]
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Santa Clara } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 1962

(E. J. Martin)

Notary Public, residing at San Jose, California

My commission expires 4/29/63.

(Seal)

Signed [signature]
(Signature of Any Credible Person)

[signature]
(Street Address, City, State)

FORM DH 60-155 CL 10-11-61. one copy pd. rec. #2616.

Child's Birth Cert., State of California, cert. copy issued July 10, 1935 gives full name as John Harvey Denning, born June 11, 1935 at Pasadena, California to Robert Wesley Denning and Gwendolyn Grace Gaskill - viewed by V.S.

Transcript of High School Record, Pasadena Univeristy Academy, Private School, Pasadena, California - date entered Sept., 1931 - graduated June 1, 1933 gives full name of student as Gwendolyn Grace Gaskill, born Oct. 21, 1913 - viewed by V.S.

Certificate of Marriage, State o Washington, married Feb. 22, 1911 at Rosalia, Washington gives full name of groom as Earl Ray Gaskill and full name of bride as Rachel Brugger - viewed by V.S. marriage license no. A. 11418 - gives mother's birthplace as Washington -

Another Child's Birth Cert. on file: (Idaho Birth) #87520 gives full name of parents as Earl Ray Gaskill and Rachel Brugger - viewed by V.S.
gives mother's birthplace as Washington -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18151

County of Kootenai

City of Belmont

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2051 Registered No. 539

Hospital

FULL NAME OF CHILD William Ade Parke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles L Parke	FULL MAIDEN NAME	Junie V. Walker
RESIDENCE	Belmont	RESIDENCE	Belmont
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Kan
OCCUPATION	Wood Cutter	OCCUPATION	Hw

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

19

Address Rathdrum

Filed 11/10 1913 [signature]

Registrar

Registrar

S-Y CO. 20174

219-126-028-417

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18152

County of Kootenai

City of Spirit Lake Ida

Registration District No. 12 **File No.** [redacted]

No. ..... *St.*

Primary Registration District No. 205-1 **Registered No.** 5-5-0

Hospital .....

FULL NAME OF CHILD Baby Bailey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	1			yes	Oct 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Max Bailey	FULL MAIDEN NAME	Edith Magnus
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweden
OCCUPATION	R.R. Conductor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Prindle M.D.

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed Nov 10 1913 D Drennan *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349-228-028-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 12

File No. 18153

Primary Registration District No. 2051

Registered No. 568

FULL NAME OF CHILD Lois Vivian Lindley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Lindley	FULL MAIDEN NAME	Ella Gaut
RESIDENCE	Post Falls	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Hw

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 39 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Freeman

(Physician or midwife)

Given names added from a supplemental report

K ..... 19.....

Address Rathdrum

Filed 12/10 1910 D. D. Freeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1971

231-127-028-527

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12.

File No. 18154

No. ..... St.

Primary Registration District No. 2051

Registered No. 567

Hospital .....

FULL NAME OF CHILD Salvatore Scarcello

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Nov. 27. 1913. (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Antonio Scarcello	FULL MAIDEN NAME	Giuseppina Esposita
RESIDENCE	Rathdrum, R.F.D. #2	RESIDENCE	Rathdrum, R.F.D. #2
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Rathdrum, Ida.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/10 1913 D D Drennan

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 7 1969

256-226-028-559

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18155

Primary Registration District No. 2051 Registered No. 566

FULL NAME OF CHILD Selma Snooks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov (Month) 26 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Gene Snooks	FULL MAIDEN NAME	Anna Neil
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Timber man	OCCUPATION	Hw

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 12/10 1913 D D Drennan Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-222-028-865

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

County of Bonneville

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18156

Primary Registration District No. 2051 Registered No. 564

FULL NAME OF CHILD Elsie Feely

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov 22 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James J Feely	FULL MAIDEN NAME	Elsie Hendrix
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Dakota
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 12/11 1913 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 15 1961

217-124-028-221

Amended August 10, 1971

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18157
Local Reg. No. 565
Reg. Dist. No. 12

1. PLACE OF BIRTH

a. COUNTY: Kootenai

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rathdrum

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Kootenai

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rathdrum

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Earl b. (Middle): Marten c. (Last): Sapp

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): November 24, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): W. b. (Middle): E. c. (Last): Sapp

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mo.

10. USUAL OCCUPATION: Labr.

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Alma b. (Middle): c. (Last): Spain

13. AGE (At time of this birth): 29 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Tex.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D. D. Drennan

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rathdrum

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Dec. 10, 1913

22. REGISTRAR'S SIGNATURE: D. D. Drennan

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS

WEIGHT AT BIRTH ____ LBS. ____ OZS.

RACE OR COLOR OF FATHER: W

RACE OR COLOR OF MOTHER: W

Was 1% Silver Nitrate Used to prevent blindness?

ISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ce to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss. Certificate No. 18157

County of Benton

RECEIVED JUL 19 1971 Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Roy E. Sapp (Name on Original Certificate) who was born (Was Born or Died) on Nov 24, 1913 (Date of Event) in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Roy E. Sapp	Earl Marten Sapp

Subscribed and sworn to before me this 13th day of July, 19 71

Joan M. Luke

Notary Public, residing at Kennewick

My commission expires 9/12/71

(Seal)

Signed Viola M. Hatch

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1127 E. 27th Ave., Kennewick, Wash.

(Street Address, City, State) 99336

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Benton

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of July, 19 71

Joan M. Luke

Notary Public, residing at Kennewick

My commission expires 9/12/71

(Seal)

Signed Lia W. Sapp

(Signature of Any Credible Person)

1127 E. 27th Ave., Kennewick, Wash.

(Street Address, City, State) 99336

FORM DH 60-155

L 1-8-71

notarized
Photocopy of School Record, Yakima, Washington from Sept 27, 1920 through Feb 8, 1927 gives name as Earl Sapp, parent Mrs. W. E. Sapp. date of birth Nov 24, 1913. viewed by V.S.

School records

Photocopy pf a page from ~~employment (Cascade Lumber Co.)~~
this was notarized by S. Guy, but not signed by any official.
gives the following: Earl Marten Sapp, residence Ext. N. 3rd St. R. #, Box 130 born Rathdrum, Idaho, Date of birth Nov 24, 1913, parent W. E. Sapp & his Business Address Cascade Lumber Co.

Dated Sept 19, 1927 (this seems to be all the same record.)

Social Security Card #53903-4405 gives name as Earl Marten Sapp. viewed by V.S.
Selective Service Notice of Classification Card #3002 gives name as Earl Marten Sapp. date card issued Nov 23, 1945. viewed by V.S.

Washington Motor Vehicle Operator's License dated 11-24-63 gives name as Earl Marten Sapp born Nov 24, 1913. viewed by V.S.

662-219-028-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Belmont

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18158

Primary Registration District No. 2037 Registered No. 563

FULL NAME OF CHILD Amy N. Foss.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Nov. 19. 1913

FATHER		MOTHER	
FULL NAME	Frank Foss	FULL MAIDEN NAME	Nellie Hartley
RESIDENCE	Belmont Ida.	RESIDENCE	Belmont
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Oregon	BIRTHPLACE	Mo.
OCCUPATION	blacksmith	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Address Rathdrum, Ida.

Filed Nov 1913 D D Drennan Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 4 1957

577-117-028-415

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18159

Primary Registration District No. 2051 Registered No. 562

FULL NAME OF CHILD Leonard C. Eggers

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Nov. 17. 1913.

FATHER

FULL NAME Clarence C. Eggers

RESIDENCE Post Falls, Ida

COLOR white AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE N. C.

OCCUPATION farmer

MOTHER

FULL MAIDEN NAME Laura Davis

RESIDENCE Post Falls,

COLOR white AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE N. C.

OCCUPATION housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician

(Physician or midwife)

Address Rathdrum Ida

Given names added from a supplemental report

..... 19.....

Filed Nov. 1913 D D Drennan

..... Registrar

S-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

294-111-028-857

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18160

Primary Registration District No. 1003 Registered No. 561

FULL NAME OF CHILD ERICH RICHARD Kruger

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single	3	Yes	Nov 11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Conrad Kruger	FULL MAIDEN NAME	Bertha Heggelke
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) J. C. Dwyer M.D.

Phys.

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed 12/10 1913 D. D. Dunnam

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Kootenai }

Certificate No. 18160

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Eric Richard Kruger (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 11, 1913 (DATE OF EVENT)
in Coeur d Alene, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Baptismal certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on November 23, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Baby Kruger	Erich Richard Kruger
name of mother	Bertha Higgkle	Bertha Heggelke

Subscribed and sworn to before me this 28th
day of April, 19 42.
WM McCartney
Notary Public, residing at Coeur d Alene, Ida.
My commission expires Nov. 15, 1945
(SEAL)

Signed Gustav Kruger
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Marine Rte, Coeur d Alene, Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th
day of April, 1942.
WM McCartney
Notary Public, residing at Coeur d Alene, Ida.
My commission expires Nov. 15, 1945
(SEAL)

Signed Conrad Kruger
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Marine Rte, Coeur d Alene, Ida.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 1 1942 By
(REGISTRAR'S SIGNATURE)

DEC 14 1964

385-113-028-263

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Kootenai

City of St Joe

No. ..... St.

Hospital Idaho.

Registration District No. 12 File No. 18161

Primary Registration District No. 2049 Registered No. 560

FULL NAME OF CHILD Jos Francis & Thos Edward Lynch.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Males			3rd.	Yes.	Nov 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry J. Lynch.	FULL MAIDEN NAME	Mary S. Koehnstedt
RESIDENCE	St Joe.	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	New York.	BIRTHPLACE	North Dakota.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was They were born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Joe Idaho

Filed 12/10 1913 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8 T A

DUP OF 1913 - 19480 For Thomas twin

Certified copy issued 3/6/41. E.W.

385-113-028-263

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

A + B

County of Kootenai

City of St Joe

No. ..... St.

Hospital Idaho.

Registration District No. 12 File No. 18161

Primary Registration District No. 2049 Registered No. 560

FULL NAME OF CHILD Jos Francis & Thos Edward Lynch.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Males			3rd.	Yes.	Nov 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry J. Lynch.	FULL MAIDEN NAME	Mary S. Koehnstedt
RESIDENCE	St Joe.	RESIDENCE	St Joe
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	New York.	BIRTHPLACE	North Dakota.
OCCUPATION	Merchant	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was They were born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N C Lindsay

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Joe Idaho

Filed 12/10 1913 D D Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 26 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

8 T A

DUP OF 1913 - 19480 For Thomas twin

Certified copy issued 3/6/41. E.W.

522-207-028-593

PLACE OF BIRTH AMENDED SEPT 4, 1956

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of KOOTENAI

City of ATHOL

No. ..... St.

Registration District No. 12 File No. 18162

Hospital ..... Primary Registration District No. 2051 Registered No. 559

FULL NAME OF CHILD CHARLOTTE GENEVIEVE EBBETT
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE				YES	NOVEMBER 7, 1913

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: JOSEPH B. EBBETT	FULL MAIDEN NAME: BELLE VILGER
RESIDENCE: ATHOL	RESIDENCE: ATHOL
COLOR: WHITE	COLOR: WHITE
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: WIS.	BIRTHPLACE: ILL.
OCCUPATION: SAWYER	OCCUPATION: HOUSEWIFE

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) FRANK WENZ

PHYSICIAN
(Physician or midwife)

Address RATHDRUM, IDAHO

Filed 12-10-192 1913 D. D. Drennan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Lewis } ss.

Certificate No. 18162

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Plenty Ebbett (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1913 (Date of Event)
in Athol, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by child's birth certificate # 258747 St. Maries High School Commencement program May 27,1931 prepared on (Give Date), are:
(Bible Record, Insurance Policy, Etc.)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Plenty Ebbett	Charlotte Genevieve Ebbett

Subscribed and sworn to before me this 24th day of April, 19 56
Notary Public, residing at Kinlock, Washington
My commission expires 2/24/1958
(Seal)

Signed Pauline A Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) (Sister sister
Rt 1, Castle Rock, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Lewis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1956
Notary Public, residing at [illegible]
My commission expires [illegible]
(Seal)

Signed Joseph R Olson
(Signature of Any Credible Person)
[illegible]
(Street Address, City, State)

FORM DPH 55. 155

SEP 4 1956

168-107-028-966

Form V. S. No. 11-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

...nty of Kootenai

...of Near Granite

...St.

...ital

Registration District No. 12 **File No.** 18163

Primary Registration District No. 2051 **Registered No.** 559

...L NAME OF CHILD Harold Henry Johnson

...of ...d	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
...E	Henry Johnson	FULL MAIDEN NAME	Orpha Rooks
...DENCE	Near Granite	RESIDENCE	" Granite
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farm Hand	OCCUPATION	HW

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Freeman

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 12/10 1913 S D Freeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK [illegible]

N. B. In case of more than one child at birth, a SEP[illegible] of each, in or[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

556-207-028-281

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18164

Primary Registration District No. 1003 Registered No. 557

FULL NAME OF CHILD June Newcomb

Sex of Child: Female	Twin Triplet or other? Single and Number in order of birth 6 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: Nov (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Edward Newcomb	FULL MAIDEN NAME	Ella Sharp
RESIDENCE	Coeur d'Alene Ida	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Dwyer M. D.

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed 12/10 1913 E. D. Drennan
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 10 1941

291-105-028-255

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Kootenai

City of Gibbs

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18165

Primary Registration District No. 1003 Registered No. 556

FULL NAME OF CHILD George Paul Braden

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	Single (To be answered only in event of plural births)	2	Yes	Nov (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alfred Mathias Braden	FULL MAIDEN NAME	Helen Irene Beedham
RESIDENCE	Gibbs	RESIDENCE	Gibbs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Mich
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. C. Dwyer Phys.

(Physician or midwife)

Address Coeur d'Alene Idaho

Filed Nov 1913 D. D. Drennan Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 0 1943

DECEASED

265-204-028-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Athol

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18166

Primary Registration District No. 2051 Registered No. _____

FULL NAME OF CHILD Marie Lillian Boviall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Nov. 4 1913

FATHER		MOTHER	
FULL NAME	Joseph C. Boviall	FULL MAIDEN NAME	Mary Jane McCarthy
RESIDENCE	Athol, Ida	RESIDENCE	Athol, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Wis.	BIRTHPLACE	Ill.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Rathdrum, Ida.

Filed 12/10/13 19__ D. D. Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/31/41 L. B.

P15-202-028-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18167

Primary Registration District No. 2051 Registered No. 554

FULL NAME OF CHILD Agnes H Hanson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Anton Hanson	FULL MAIDEN NAME	Clara Lein
RESIDENCE	Rathdrum	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Mill Hand	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 12/10 1913 D D Drennan Registrar

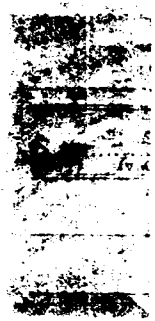
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



296-102-028-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18168

Primary Registration District No. 2051 Registered No. 553

FULL NAME OF CHILD Robert Paul Brown

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	Nov (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Brown	FULL MAIDEN NAME	Lute Felhaber
RESIDENCE	Rathdrum F R.D	RESIDENCE	Rathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Wis.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rathdrum

Filed 12/10 1913 D D Drennan Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1946

SEP 9 [redacted]

264-101-028-218

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18169

Primary Registration District No. 1003 Registered No. 552

FULL NAME OF CHILD Eugene Vincent Boughton

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	4	Yes	Nov. 1 1913

FATHER		MOTHER	
FULL NAME	Eugene Vincent Boughton	FULL MAIDEN NAME	Eda Seyles
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Lawyer	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Meyer

Phys.
(Physician or midwife)

Address Coeur d'Alene, Idaho

Given names added from a supplemental report.

Mar. 1 1st 1918

Registrar

Filed Dec. 10 1913 D. D. D. [illegible]
Registrar

2-Y CO. 24655

MAY 6 1970

863-101-028-847

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12

File No. 16170

No. ..... St.

Primary Registration District No. 2051

Registered No. 5251

Hospital

FULL NAME OF CHILD Gilbert Ward Adkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Nov 1 1913

FATHER		MOTHER	
FULL NAME	Samuel J Adkins	FULL MAIDEN NAME	Emma Huguenin
RESIDENCE	Garwood	RESIDENCE	Garwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Switzerland
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank [illegible]
Physician
(Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 10 1913 D. D. [illegible]
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE O
BUREAU OF VI

CERTIFICA

For information regarding Birth Certificate, write to:

BUREAU OF VITAL STATISTICS
Department of Public Welfare
Division of Public Health
Boise, Idaho

18174

I request a Birth certificate for : Date Apr

Name of Child Gilbert Ward Adkins.

Place of Birth Garwood, Idaho.

Date of Birth November 1, 1913.

Name of Father Samuel J. Adkins.

Maiden name of Mother Emma A. Huguenin.

Person making request Mrs. Emma Adkins.

Present P.O. Address 1724 West Maxwell.

City or Town Spokane, Washington

Amount enclosed $ .50

( )

NOV 19 1975

Yes

By May 1, 1941 National Defense.

On the records at the courthouse, at Coeur d'Alene, Idaho my son's name is recorded as John Ward Adkins, but is supposed to be Gilbert Ward Adkins, due to an error of the attending physician.

Mrs. Emma Adkins.

81

[redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Weippe

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. 18171

Primary Registration District No. 2124 Registered No. 43

FULL NAME OF CHILD Wm Bazzil Hamilton

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	12 3 1913

FATHER		MOTHER	
FULL NAME	Joseph J. Hamilton	FULL MAIDEN NAME	Reta Ator
RESIDENCE	Weippe	RESIDENCE	
COLOR	W. AGE AT LAST BIRTHDAY 27 (Years)	COLOR	W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ice
OCCUPATION	Stockman	OCCUPATION	H

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1 30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O A Jeffreys

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Neppe

Filed 12-4-1913 2 M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

852-113-031-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

Registration District No. 47 File No. 18173

No. ....., ... St.

Primary Registration District No. 2124 Registered No. 46

Hospital .....

FULL NAME OF CHILD Glenn Edwin Heston

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	11 13 1913

FATHER		MOTHER	
FULL NAME	Arthur G. Heston	FULL MAIDEN NAME	Pearl A Mowry
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Pre	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Hu

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 8 15 9 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Physician

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce

Filed 12-4 1913 J T McJones

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 10 1942

254-210-031-758

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

16174

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. .....

Primary Registration District No. 24 Registered No. 45

FULL NAME OF CHILD Dorthea Jolena

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				yes	11 / 10 / 1913

FATHER		MOTHER	
FULL NAME	Frank Beaudeau	FULL MAIDEN NAME	Mary W. Gehrke
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O A Jeffreys

(Physician or Midwife)

Address Nezperce

Given names added from a supplemental report

....., 19.....

Filed 12/4 1913 H M Jones

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
SEP 1 1942
IDAHO

964-224-031-643

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-19-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Nez Perce~~ Lewis

City of Lewis Nezperce

Registration District No. 47 File No. 18175

No. ..... St.

Primary Registration District No. 2174 Registered No. 42

Hospital .....

FULL NAME OF CHILD Anna Annie Rawsville

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f		1	yes	11-24-1913

FATHER		MOTHER	
FULL NAME	Fredrick Rawsville	FULL MAIDEN NAME	Mary Fuchs
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	California	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Hsd.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D T Mahoney

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Ida

Filed 12-4 1913 D T Mahoney

..... Registrar

8-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1971

217-221-031-265

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Nezpence

No. ....., ... St.

Hospital ~~WINIFRED~~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18176

Primary Registration District No. 2124 Registered No. 40

FULL NAME OF CHILD Jacqueline Saxon

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Fem	/	/	Yes	Nov. 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Curtis Saxon	FULL MAIDEN NAME	Clara Marie Dwell
RESIDENCE	Nezpence	RESIDENCE	Nezpence
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	California	BIRTHPLACE	Montana
OCCUPATION		OCCUPATION	Hswife

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L Kelly

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Nezpence

Filed 12-4 1913 H M Jones Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Sacramento }

Certificate No. 18176

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jacqueline Saxon (Name on Original Certificate) who born (Was Born or Died) on Nov 21st 1913 (Date of Event)
in Nezperce (Place of Event) are erroneous or were omitted; and that, to the best of her knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Jacqueline	Winifred Jacqueline
Date	Nov. 22nd	Nov. 21, 1913

Subscribed and sworn to before me this 10th
day of September, 1942
[illegible] Kennelley
Notary Public, residing at Sacramento, Cal
My commission expires April 14-1946
(Seal)

Signed Clara Marie Saxon, mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1516-14th St Sacramento Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Colusa } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.
Subscribed and sworn to before me this 19th
day of September, 1942
Henry Graff
Notary Public, residing at Arbuckle California
My commission expires October 11 1945
(Seal)

Signed Marie Bradford
(Signature of Any Credible Person Other Than Previous Year)
Arbuckle California
(Street Address, City, State)

SEP 25 1942

319-210-031-863

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lewis

City of Steele

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18178

Primary Registration District No. 2124 Registered No. 39

FULL NAME OF CHILD Lola Lee Carter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	11 10 1913

FATHER		MOTHER	
FULL NAME	Walter D Carter	FULL MAIDEN NAME	Olive K Holmes
RESIDENCE	Steele	RESIDENCE	Steele
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	HW

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Jones

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce Ida

Filed Dec 4 1913 H M Jones Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1944

386-117-031-268

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lewis

City of Mohler

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18179

Primary Registration District No. 2124 Registered No. 41

FULL NAME OF CHILD Elmer Hugh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	11 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jesse H Lyons	FULL MAIDEN NAME	Mamie G Boyer
RESIDENCE	Mohler	RESIDENCE	Mohler
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	L D	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Jones

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Response Idaho

Filed 12-4 1913 J M Jones Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 21 1942

766-104-0[redacted]

PLACE OF [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of My[redacted]

City of Pick

No. ..... St.

Hospital .....

Registration District No. 47 File No. 18180

Primary Registration District No. 2124 Registered No. 38

FULL NAME OF CHILD Carlyle Emile

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	12 - 4 1913

FATHER		MOTHER	
FULL NAME	Emil Goffnett	FULL MAIDEN NAME	Fannie Galloway
RESIDENCE	Pick	RESIDENCE	Pick
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	San Francisco	BIRTHPLACE	Missouri
OCCUPATION	Merchant	OCCUPATION	HW

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Jones

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Meyberry Ida

Filed 12-4 1913 H M Jones Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1942

266-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ont[illegible]

City of Samaria

Registration No. 26

File No. 18181

No. ..... St.

[illegible]tion District No. 2069

Registered No. 254

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? (To be entered only in event of plural births)	Number and order of birth	Legitimate?	Date of Birth
Female			Yes	Oct (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter F. Bowen	FULL MAIDEN NAME	Esther Thomas
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Samaria Ida
OCCUPATION	Farming	OCCUPATION	House Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4.A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phys Aldon

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Malad

Filed Nov 8 1913 D C Ray

Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-216-039-918

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Power

City of American Falls

Registration District No. 25 File No. 18182

No. ..... St.

Primary Registration District No. 2072 Registered No. .....

Hospital .....

FULL NAME OF CHILD Virginia Ray Woodhead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 16 1913

	FATHER	MOTHER
FULL NAME	Edwin Arthur Woodhead	FULL MAIDEN NAME Lillian Ray
RESIDENCE	American Falls	RESIDENCE American Falls
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Illinois
OCCUPATION	Electrician	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Nott

Physician
(Physician or midwife)

Address American Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov 17th 1913 R. F. Nott

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 10 1944

385-207-039-234

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 25

File No. 18183

No. ..... St.

Primary Registration District No. 2072

Registered No. .....

Hospital .....

FULL NAME OF CHILD Mary Evaline Lynn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Milton Dan Lynn	FULL MAIDEN NAME	Julia Ann Sturdevant
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth MD

Physician (Physician or midwife)

Address American Falls Idaho

Filed Dec 7 1913 R F Noth Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 17 1943

265-211-039-944 Child's & Father's names amended 3-19-93 MCM

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Power

City of Neeley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 18184

Primary Registration District No. 2072 Registered No. .....

FULL NAME OF CHILD SYLVIA RUTH SORENSEN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec 11 1913

FATHER		MOTHER	
FULL NAME	James ~~Sorensen~~ SORENSEN	FULL MAIDEN NAME	Hazel Reedeen
RESIDENCE	Neeley	RESIDENCE	Neeley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 740 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Noth

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address American Falls Idaho

Filed Dec 11 1913 R F Noth Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Cooperative Center for Health Statistics
Vital Statistics Unit

3-12-93

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

VITAL STATISTICS

State of _____ } ss.
County of _____

MAR 18 3 24 PM '93

Certificate No. 18184
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Baby Girl Sorenson (Name on Original Certificate) who was born (Was Born, Died, etc.) on Dec 11, 1913 (Date of Event)

in Neeley (Power) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Child's name	Baby Girl Sorenson	Sylvia Ruth Sorensen
Father's surname	Sorenson	Sorensen

Subscribed and sworn to before me this 16th day of March, 19 93

Notary Public, [signature]
Residing at Pocatello, Idaho
My commission expires 7-19-93
(Seal)

Sylvia Ruth Sorensen
Signature of Applicant

306 Randolph, Pocatello Ida. 5
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____

(Must be completed ___)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

LDS certificate of membership shows Sylvia Ruth Sorensen born Dec 11, 1913 in Neeley to James Sorensen and Hazel Rudeen and blessed Aug 9, 1914 by Jos. S Morris. Viewed by VS MCM.

MAR 9 1993

Letter from John Hancock Mutual Life insurance Co shows Sylvia R Barrett was born Dec 11, 1913 in American Falls and insured Mar 7, 1934. Viewed by VS MCM.

Application for Social Security Account Number shows Sylvia Ruth Sorensen Barrett born Dec 11, 1913 in American Falls to James William Sorensen and Hazel Mae Rudeen and signed Dec 2, 1939. Viewed by VS MCM.

645-223-039-168

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of American Falls

Registration District No. 45 — File No. 18185

No. ..... St.

Primary Registration District No. 2672 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Bernice Katherine Wuehlen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Dec 23 1913

FATHER		MOTHER	
FULL NAME	Bernie Wuehlen	FULL MAIDEN NAME	Lucy Johnson
RESIDENCE	American Falls,	RESIDENCE	American Falls,
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Machinist	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive, at 1-0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Wuehl

Physician
(Physician or midwife)

Address American Falls

Given names added from a supplemental report

..... 19.....

Filed 12/29 19 13 R F Wuehl

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-117-039-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Power

City of Neeley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 18186

Primary Registration District No. 7072 Registered No. .....

FULL NAME OF CHILD James Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 17 1913

FATHER		MOTHER	
FULL NAME	James L Hansen	FULL MAIDEN NAME	Serena Alta Slaugh
RESIDENCE	Neeley	RESIDENCE	Neeley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11:0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard F Wath

Physician (Physician or midwife)

Address American Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 1/7 19 13 R F Wath

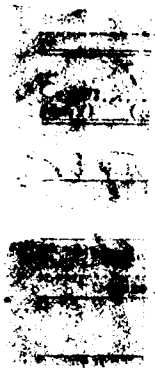
..... Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



689-125-039-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of _____

No. _____ *St.*

Hospital _____

Registration District No. _____ **File No.** 18187

Primary Registration District No. _____ **Registered No.** _____

FULL NAME OF CHILD Lorenzo Elmer Whiting

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lorenzo S Whiting Jr.	FULL MAIDEN NAME	Pearlina Whiting
RESIDENCE	Crystal Ida	RESIDENCE	Crystal Ida
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:40 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Pettit Dd

(Physician or midwife)

Address Crystal Ida

Filed Dec 19 13 R F Nick

Registrar

Given names added from a supplemental report

_____ 19 _____

_____ Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8/20/44

921-202-039-468

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Neeley

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** 18188

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD Viola Lillian Isaak.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes.	11 (Month) – 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	August V. Isaak	FULL MAIDEN NAME	Justina Moyer
RESIDENCE	Neeley Idaho	RESIDENCE	Neeley Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Parkston S Dakota	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Getta E. Grayot

Midwife (Physician or midwife)

Address Neeley Idaho

Filed 12/2 1913 R F Nott M.D. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1952

766 - 209-039-493

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18189

County of Power

City of Neeley

No. ..... St.

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD Billie Ruth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	11 – 9 – 1913

	FATHER	MOTHER
FULL NAME	Leslie Allen Goodding	FULL MAIDEN NAME Julia Marie Mittelstadt
RESIDENCE	Neeley Idaho	RESIDENCE Neeley Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Atlanta Missouri	BIRTHPLACE Omaha Nebraska
OCCUPATION	Farmer & Boiler Maker	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertie B. Grayot

Midwife (Physician or midwife)

Address Neeley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

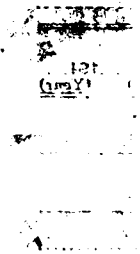
Filed Dec 2 19 13 R. Elliott M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



386-209-039-165

[redacted]

PLACE OF BIRTH

County of Power

City of Am. Falls

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. 18190

Registered No. .....

FULL NAME OF CHILD Velda Mae Thompson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct (Month) 9 (Day) 1919 (Year)

FATHER		MOTHER	
FULL NAME	Joseph W. Thompson	FULL MAIDEN NAME	Belle Jones
RESIDENCE	American Falls	RESIDENCE	American Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallantine

Physician (Physician or midwife)

Address American Falls

Filed Dec 9 1919 R F North MD Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

FEB 18 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

619-101-039-795

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

Name added 5-10-79

City of American Falls

Registration District No. _____ **File No.** 18191

No. _____ *St.*

Primary Registration District No. _____ **Registered No.** _____

Hospital _____

FULL NAME OF CHILD EUGENE LYLE FARNHAM

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cleveland Herbert Farnham	FULL MAIDEN NAME	Ella Pierson
RESIDENCE	Am. Falls	RESIDENCE	Am. Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. R. Wallentine

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address _____

Filed Dec 10 1913 R. F. Northman

_____ Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-355431

DUP001913-355431

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 4 12 48 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18191

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Farnham (male) (Name on Original Certificate) who was born (Was Born or Died) on Dec 1, 1913 (Date of Event) in American Falls, Idaho (power) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Eugene Lyle Farnham
Town of birth	omitted	American Falls

Subscribed and sworn to before me this 29th day of March, 1979

Notary Public, residing at Las Vegas, Nev.
My commission expires
(Seal)

E. S. PACKHAM
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires Nov. 25, 1979

Signed Eugene Lyle Farnham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5208 Idle Ave Las Vegas Nev
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nev. } ss.
County of Clark }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear hat he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1979

Notary Public, residing at Las Vegas
My commission expires
(Seal)

E. S. PACKHAM
Notary Public—State of Nevda
COUNTY OF CLARK
My Commission Expires Nov. 25, 1979

Signed [signature]
(Signature of Any Credible Person)

309 Pine Cliff Dr Las Vegas Nev
(Street Address, City, State)

Form DH 60-155 CL 3/1/77

Social Security Card in name as Eugene Leslie Farnham. Card # 529-01-1584 Issued Dec. 29, 1936. Issued by U.S.

Profit-sharing retirement plan issued March 31, 1961 in name of participant as Eugene Farnham. Issued by Jackson-Willder Co. Issued by U.S.

Born American Falls

MAY 10 1979

141-101-039-855

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Pleasant Valley

Registration District No. _____ File No. 18192

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Albert Adam

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Oct 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Gottlieb Adam	FULL MAIDEN NAME	Anna Henne
RESIDENCE	Pleasant Velley	RESIDENCE	Pleasant Velley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Hausvefe

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

_____ (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Katharina Adolf

Filed Jan 3 1914 Bt. North Mid

_____ Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-306151

963-202-039-963

PLACE OF BIRTH
Amended 2-13-56.

County of Power

City of Pleasant Valley

No. ____ St.

Hospital ____

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 18193

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD ELLA MARGARETA ROTH
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
			Yes	3 2 1913

What bacterioidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Henry Roth	FULL MAIDEN NAME: Christina Roth
RESIDENCE: Pleasant Valley	RESIDENCE: Pleasant Valley
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Russia	BIRTHPLACE: Russia
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____
(Physician or midwife)

Address Katherine Adolf

Give names added from a supplemental report.

____, 192____

____
Registrar.

Filed Jan 3 1914 R. F. Uoth
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO,
County of POWER, } ss.

Certificate No. 18193

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Emma Roth (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1913 (Date of Event) in Pleasant Valley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church & School Record (Bible Record, Insurance Policy, Etc.) prepared on May 22, 1931 (Give Date) May 11, 1913 Baptized, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Emma Roth	Ella Margareta Roth

Subscribed and sworn to before me this 4th day of February, 19 56.

Notary Public, residing at American Falls, Idaho.
My commission expires October 22, 1959.
(Seal)

Signed Christina Roth
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

American Falls, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO,
County of POWER, } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of February, 19 56.

Notary Public, residing at American Falls, Idaho
My commission expires October 22, 1959
(Seal)

Signed Gertrude Roth Breding
(Signature of Any Credible Person)

American Falls, Idaho.
(Street Address, City, State)

FORM DPH 55. 155

279-~~207~~-039-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Pleasant Valley

Registration District No. _____ File No. 18194

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD ~~Ester Spratler~~ ESTHER SPRATTLER

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
fem		Yes	7 Sept 1913

FATHER		MOTHER	
FULL NAME	George Spratler	FULL MAIDEN NAME	Emma Lange
RESIDENCE	Pleasant Valley	RESIDENCE	Pleasant Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Preacher	OCCUPATION	Hausil Wifw

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Katharina Adolf

Filed Jan 3 1914 R. Nothmann Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Yellowstone }

Certificate No. 18194

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Ester Spratler (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on September 7, 1913, (DATE OF EVENT) in American Falls, Idaho, (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by baptismal certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on September 28, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Spratler	Sprattler
Name	Ester	Esther Sprattler

Subscribed and sworn to before me this 29th day of June, 1942.

Signature

Notary Public residing at Billings, Montana,

My commission expires Febr. 4, 1944

(SEAL)

Signed Gov. L. Sprattler

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

217 S. 34th Street, Billings, Montana

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Yellowstone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, 1942.

Signature

Notary Public, residing at Billings, Montana.

My commission expires Febf. 4, 1944.

(SEAL)

Signed Emma A. Sprattler

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

217 So. 34th Street, Billings, Montana.

(STREET ADDRESS, CITY, STATE)

Received for filing on JUL 20 1942 By

(REGISTRAR'S SIGNATURE)

JUL 2 1 1942

AUG 1 6 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Power

City of Pleasant Valley

Registration District No. _____ File No. 18195

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Frida Dokter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Sp 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jakob Dokter	FULL MAIDEN NAME	Regina Flenne
RESIDENCE	Pleasant Valley	RESIDENCE	Pleasant Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

_____ (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Katharina Adolf

Filed Jan 3 1914 R. T. Nash M.D. Registrar

_____ Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

FEB 26 1974

855-206-039-238
Amended 1-18-80

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Pleasant Valley

Registration District No. _____ File No. 18196

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edna Alvina Henne

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth April 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Johan Henne	FULL MAIDEN NAME	Mathilda Schaefer
RESIDENCE	Pleasant Valley	RESIDENCE	Pleasant Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

_____ (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Katharine Adolf

Filed Jan 3 1914 R F Noth [illegible]

_____ Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7/29/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

11:35 AM '80

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of North Dakota
County of Wells } ss.

Certificate No. 18196

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Malvina Henne (Name on Original Certificate) who was born (Was Born or Died) on April 6, 1913 (Date of Event)
in Pleasant Valley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Edna Malvina Henne	Edna Alvina Henne

Subscribed and sworn to before me this 12th day of January, 19 80

Notary Public, residing at

My commission expires

(Seal)

Signed (Uncle)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

706 Judy Blvd., Harvey, N. Dak.. 58341
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of North Dakota
County of Wells } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January, 1980

Notary Public, residing at

My commission expires

(Seal)

Signed Elsie Dockter (Cousin)
(Signature of Any Credible Person)

716 Birch Ave., Harvey, N. Dak.. 58341
(Street Address, City, State)

FORM DH 60. 155

B.C.R. #10135

Certificate of birth for child gives name as Edna Alvina Henne, mother of Shirley Uhlich. Child born October 18, 1945, in Minot, N. D. Certificate # 3447.
Viewed by V,S.

INsurance Application issued by Pioneer Mutual Life Ins. Co. gives name as Edna Alvina Uhlich born April 6, 1913 in American Falls, Idaho. Policey issued December 15, 1966.
Viewed by V.S.

Certificate of Baptism issued by the German Luther Church of American Falls, Ida. gives name as Edna Alvina born April 6, 1913 in Power County, Idaho. Baptized May 11, 1913.
Viewed by V.S.

146-208-039-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Pleasant Valley

Registration District No. _____ File No. 18197

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Helina Adolf

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Mey 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	L. Manuel Adolf	FULL MAIDEN NAME	Marie Koester
RESIDENCE	Pleasant Valley	RESIDENCE	Pleasant Valley
COLOR	Wheit	COLOR	Wheit
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	U. S. A.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

_____ (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Katharina Adolf

Filed Jan 3 1914 R F Nott MD Registrar

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

652-205-039-563

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Plasant Vlley *Registration District No.* ..... **File No.** 18198

No. ..... *St.*

Primary Registration District No. ..... **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Elisabeth Westerbeg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Nov (Month) 5 (Day) 1915 (Year)

FATHER		MOTHER	
FULL NAME	Fret Westerbeg	FULL MAIDEN NAME	Marta Nolsen
RESIDENCE	Plasant Valle	RESIDENCE	Plasant Valle
COLOR	Wheite	COLOR	Wheite
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germine	BIRTHPLACE	Germina
OCCUPATION	Farmer	OCCUPATION	Housweife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Katharina Adolf

Filed Jan 3 1914 R F Notte Wm

..... *Registrar* *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

554-111-039-5-5-4

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Power

City of Plasant Valle

Registration District No. _____ File No. 18199

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Edward Neu

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Ap (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Andres Neu	FULL MAIDEN NAME	Bertha Neuhardt
RESIDENCE	Plasant Valle	RESIDENCE	Plasant Valle
COLOR	Wheite AGE AT LAST BIRTHDAY 23 (Years)	COLOR	Wheite AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Ameika
OCCUPATION	Farmer	OCCUPATION	Housweife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at _____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) _____

_____ (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Katharina Adolf

Filed Jan 3 1914 R F Northwood Registrar

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 15 1943

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

CERTIFICATE OF BIRTH

City of Bonners Ferry Registration District No. 2156 File No. 18200

No. ..... St. Primary Registration District No. 79 Registered No. .....

Hospital ..... LOUISA LLOYD

FULL NAME OF CHILD Louisa Carrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Dec. 12 — 1913

FATHER		MOTHER	
FULL NAME	Harry B. Carrett	FULL MAIDEN NAME	Leona Hooker
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Iowa	BIRTHPLACE	Virg.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Fry.

Physician. (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec. 14 — 1913

S. E. Fry. Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Chelan } ss.

Certificate No. 18200

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Louiza Lloyd Carratt (Name on Original Certificate) who (Was Born or Died) on (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Louisa	Louiza Lloyd Carratt

Subscribed and sworn to before me this 29th. day of August, 1942.

J. G. A. Willan.

Notary Public, residing at Wenatchee, Wash.

My commission expires Dec. 9, 1945.
(Seal)

Signed Ruby Carratt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

132 So Emerson Wenatchee, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 8 1942

231-115-009-29

[redacted] PLACE OF BIRTH

Bonner.

[redacted] IDAHO
TAL STATISTICS
TE OF BIRTH

Form V. S. No. 11-C—20m-2-15-18

City of Bonner Ferry. Registration District No. 79 File No. 18201

No. St. Primary Registration District No. 2186 Registered No.

Hospital

FULL NAME OF CHILD Jack Willis Brewer Stanley, [redacted]

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec. 15 - 1918

	FATHER	MOTHER
FULL NAME	John Silas Stanley	Virginia Brewer.
RESIDENCE	Bonner Ferry	Bonner Ferry.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Okla.	La.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonner Ferry, Ida.

Filed Dec. 16 - 1918

..... Registrar

E. E. Fry. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18201
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for John V. Stanley Jr. (Name on original certificate) who born (Was born or died) on December 15 1913 (Date of event)
in Bonners Ferry, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	John Vilas Stanley, Jr.	Jack Willis Brewer Stanley

Subscribed and sworn to before me this 5th
day of December, 1947
.....
Notary Public, residing at Phoenix, Ariz.
My commission expires Jan 21 1948
[SEAL]

Signed John V. Stanley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1731 E. Lberty St. Phoenix, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed John V. Stanley
(Signature of any credible person other than the previous affiant.)
1731 E. Liberty St. Phoenix Ariz.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

MAR 16 1945

MAR 19 1945

Comer

OCT 30 1956

168 - 214 [illegible]

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 79 File No. 18208

No. _____ St.

Primary Registration District No. 2156 Registered No. _____

Hospital _____

FULL NAME OF CHILD Doris Edith Johnson.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes.	Dec. 14 - 1913. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm E. Johnson	FULL MAIDEN NAME	Edith Withrow.
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Minn.	BIRTHPLACE	British Columbia
OCCUPATION	Railway Conductor	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Bonners Ferry, Ida.

Filed Dec. 17 - 1913. E E Fry Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 9 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of the persons of them, in order of birth.

[illegible]

PLACE OF BIRTH

County of Bonner

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Bonners Ferry Registration District No. 2156 File No. 18203

No. _____ St.

Primary Registration District No. 79 Registered No. _____

Hospital _____

FULL NAME OF CHILD William Leonard Richardson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes.	Dec. 18th 1913. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Richardson	FULL MAIDEN NAME	Grace Henderson
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Wash.
OCCUPATION	Book Keeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Bonners Ferry, Ida.

Filed Dec. 20 - 1913. E E Fry. Registrar

Registrar

S-Y CO. 20174

WARNING RESERVED FOR BINDING

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

457-218-009-793

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 79 File No. 18204

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ada Lucille Megquier

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	Dec. 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. W. Megquier	FULL MAIDEN NAME	Annie Giles
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Maine.
OCCUPATION	Drayman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry, Ida.

Filed Dec. 20 1913. E. E. Fry Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-125-009-284

Form V. S. No. 11-O-20m-2-15-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 18205

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Robert Sydow King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 25 1913

FATHER		MOTHER	
FULL NAME	Chas. W. King	FULL MAIDEN NAME	Elma Gertrude Sydow
RESIDENCE	Bonners Ferry Idaho	RESIDENCE	Bonners Ferry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Editor Bonners Ferry Herald	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

Physician

(Physician or midwife)

Address Bonner Ferry, Ida.

Given names added from a supplemental report

.....19.....

Filed Dec. 26th 19 14 E. E. Fry

Registrar

.....

Registrar

S-Y CO. 20174

PLACE OF BIRTH

TH

ATISTICS

Form VS-Ms 11-C—20m-2-52

JAN 12 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 18205

County of Boundary } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Robert Sydow King (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 25, 1913 (DATE OF EVENT)

in Bonners Ferry, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Robert Sydow King

Subscribed and sworn to before me this 23 day of December, 1943

Notary Public, residing at

My commission expires

(SEAL)

Signed C W King (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bonners Ferry Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Boundary }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of December, 1943

[illegible]

Notary Public, residing at Bonners Ferry

My commission expires August [illegible]

(SEAL)

Signed Aleng S. King

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Bonners Ferry Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 14 1944

613-128-009-613

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry — Registration District No. 79 — File No. 18206

No. ____ St. — Primary Registration District No. 2156 — Registered No. ____

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	— (To be answered only in event of plural births)	—	yes	Dec. 28 — 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Walden.	FULL MAIDEN NAME	Agda Wallin
RESIDENCE	Bonners Ferry.	RESIDENCE	Bonners Ferry
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden		29
OCCUPATION	Tailor	BIRTHPLACE	Sweden.
		OCCUPATION	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. E. Fry.

Physician.
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....19....

Filed Dec. 31 — 1913

S. E. Fry.
Registrar

....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

745-230-003-539

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Way

Registration District No. 11

File No. 18207

No. ..... St.

Primary Registration District No. 2048

Registered No. 3

Hospital .....

FULL NAME OF CHILD Mildred Gunnell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Dec 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas P. Gunnell	FULL MAIDEN NAME	Effie Eliason
RESIDENCE	Davisville	RESIDENCE	Davisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. A. Smith

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed 1-10- 1914 Ellis Kackley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-128-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 18208

No. St.

Primary Registration District No. 2047 Registered No. 15

Hospital

FULL NAME OF CHILD Glen Pete Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	12 (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Peter Hansen	FULL MAIDEN NAME	Agatha Hansen
RESIDENCE	McCammon, Ida	RESIDENCE	McCammon, Ida
COLOR	W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Riverton, Utah
OCCUPATION	Merchant	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address McCammon, Ida

Ellis Kackley Registrar

Filed 1-10- 1914 Ellis Kackley Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1953

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUN 26 11 06 AM '73

State of ..... } ss. Certificate No. 18208

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Hansen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 28, 1913 (Date of Event)

in McCammon, Idaho ~~Curch Ins Discharge from Navy~~ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Curch Ins Discharge USN (Bible Record, Insurance Policy, Etc.) prepared on June 22 1973 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Glen Pete Hansen

Subscribed and sworn to before me this 11th day of June, 1973

Gayle Orlowski

Notary Public, residing at Ogden, Utah

My commission expires 5/1/76

(Seal)

Signed Agatha T. Hansen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

317 32nd St. Ogden, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 1973

Steven S Luth

Notary Public, residing at Ogden, Utah

My commission expires 2-12-75

(Seal)

Signed Verona H Durrant

(Signature of Any Credible Person)

929 Grand View Dr

(Street Address, City, State)

FORM DH 60-155 C1 4-4-73 ret'd $1. Rush!!

The United States of American Government Life Insurance, Policy No. 966167 gives name as Glen-Pete Hansen. Dated August 1, 1939. Viewed by V. S. (Signed on July 6, 1939. Viewed by V. S.

JUN 26 1973

Honorable Discharge from U.S. Navy gives name as Glen Pete Hansen. Dated March 9, 1938. Signed by. G.B. Hoover, Lt. Cdr. Born Dec. 28, 1913. Viewed by V. S.

Amended 12-7-59

PLACE OF BIRTH

392-219-003-964

County of Bannock

City of McCammon

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18209

Primary Registration District No. 2047 Registered No. 18

FULL NAME OF CHILD Vera May Lish

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 19, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Archie Alanson Lish	FULL MAIDEN NAME: Ida May Romriell
RESIDENCE: McCammon	RESIDENCE: McCammon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Raft River, Idaho	BIRTHPLACE: McCammon, Idaho
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mrs. W.W. Lewis

Midwife
(Physician or midwife)

Address McCammon, Idaho

Filed 1-10-1914 [redacted] Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Certificate of Membership, Baptized Nov. 4, 1923, gives full name as Vera May Lish, born Dec. 19, 1913 in McCammon, Idaho to Archie A. Lish & Ida M. Romriell - viewed by V.S. and Statement from Mrs. Sumi Kanomata, Secretary to Superintendent of Schools- Pocatello, Idaho states that according to their School Record of 1924 the following information is given - Vera May Lish, Grade 3, Washington School. Parent - Archie Lish - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Bernardino } ss.

Certificate No. 18209
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ida Katharine Lish (Name on Original Certificate) who born (Was Born or Died) on Dec. 19, 1913 (Date of Event) in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ida Katharine Lish	Vera May Lish

Subscribed and sworn to before me this 15th day of September, 1959.

Wiley C. Fraser
Notary Public, residing at Bloomington, Calif.
My commission expires Sept. 26, 1960
(Seal)

Signed Archie A Lish
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

18839 - 8th. St. Bloomington, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DPH 55.155

CL 8-10-59. one copy pd. receipt #13649.

397-113-003-855

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Armio

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18210

Primary Registration District No. 2047 Registered No. 19

FULL NAME OF CHILD Joseph H. Lippets

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 - 13 - 1913

FATHER		MOTHER	
FULL NAME	Joseph L. Lippets	FULL MAIDEN NAME	Josephine Henderson
RESIDENCE	Armio, Ida.	RESIDENCE	Armio, Ida.
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Farmington, Utah	BIRTHPLACE	Armio
OCCUPATION	Livery man	OCCUPATION	House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G H Cooper

Physician (Physician or midwife)

Address McCammon, Idaho

Filed 1-10- 1914 Ellis Kackley Registrar

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1827 U

MAY 31 1949

997-221-003-689

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

No. ..... St.

Registration District No. 11 File No. 18214

Primary Registration District No. 2048 Registered No. 5

Hospital .....

FULL NAME OF CHILD Caroline Rigby

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alfred Rigby	FULL MAIDEN NAME	Lilian Wright
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Rusk

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10- 1914 Ellis Kackley Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

386-228-003-815

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18215

Primary Registration District No. 2048 Registered No. 8

FULL NAME OF CHILD Bernetta Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 28 1913

FATHER		MOTHER	
FULL NAME	Samuel L Thomas	FULL MAIDEN NAME	Mary A Hancock
RESIDENCE	Turner	RESIDENCE	Turner
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Farmer [redacted]	BIRTHPLACE	Payson Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen Egbert

Midwife (Physician or midwife)

Address Turner Bannock Co. Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10- 19 14 Ellis Kackley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-123-003-389

Amended 4/4/78

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Iago Idaho

Registration District No. 11

File No. 18217

No. _____ St.

Primary Registration District No. 2048

Registered No. 13

Hospital _____

FULL NAME OF CHILD Garland W. Herd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Dec 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Herd	FULL MAIDEN NAME	Peora Christson
RESIDENCE	Thatcher	RESIDENCE	Thatcher Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years) 1913	AGE AT LAST BIRTHDAY	26 (Years) 1913
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 a M on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Turner

Midwife
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Iago

Ellis Kackley
Registrar

Filed 1-10- 1914 Ellis Kackley
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12/21/77

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 14 10 13 AM '78

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18217

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Garlend Hurd (Name on Original Certificate) who was born (Was Born or Died) on Dec. 23, 1913 (Date of Event)

in Lago, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Garlend Hurd	Garland William Herd
Father's name	Will am Hurd	William Herd

Subscribed and sworn to before me this 13 day of March, 1978

Notary Public, residing at Preston

My commission expires Life

(Seal)

Signed Elmo C. Petersen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RD# 3 Box 733 Preston Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of March, 1978

Notary Public, residing at Preston

My commission expires Life

(Seal)

Signed Thelma Doney

(Signature of Any Credible Person)

Franklin Idaho

(Street Address, City, State)

Certif of ordination to the Holy Priest hood gives name as Garland W. Herd ordained a Deacon on Feb 7, 1926. in Preston 3rd Ward and Oneida Stake. viewed by V. S.

APR 4 1978

Insurance policy from California-Western States Life Insurance Co., Sacramento, Calif. gives name as Garland W. Herd. date of issue Dec 14, 1945. Policy No.552824. viewed by V. S.

669-106-003-145

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18218

Primary Registration District No. 2048 Registered No. 17

FULL NAME OF CHILD Heber C. Foreman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Nov. 6 1913

FATHER		MOTHER	
FULL NAME	Aron Foreman	FULL MAIDEN NAME	Clara Ames
RESIDENCE	Perry	RESIDENCE	Perry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Cleveland
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10-1914 Ellis Kackley Registrar

S-Y CO. 20174

315-117-003-619

PLACE OF BIRTH

County of Bannock

City of Perry

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18219

Primary Registration District No. 2098 Registered No. 20

FULL NAME OF CHILD Joseph Tanner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	Oct 17 1913

FATHER		MOTHER	
FULL NAME	John Alma Tanner	FULL MAIDEN NAME	Delila Warner
RESIDENCE	Perry Idaho	RESIDENCE	Perry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho Idaho Utah	BIRTHPLACE	Benjamin Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen
Midwife
(Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____ 19____

Ellis Kackley
Registrar

Filed 1-10-1914 Ellis Kackley
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-2096/

859-827-003-867

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

County of Boise No. 4

City of Perry

Registration District No. 11

File No. 18221

No. ..... St.

Primary Registration District No. 2048

Registered No. 22

Hospital

FULL NAME OF CHILD Floyd James Herd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Dec 27 1913

	FATHER	MOTHER
FULL NAME	Clarence Herd	FULL MAIDEN NAME Mary Elmystle Hogan
RESIDENCE	Perry	Perry
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	26 (Years)
BIRTHPLACE	Franklin	Bear River City Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7:30 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lovelgreen
Midwife
(Physician or midwife)

Address Pleasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley
Registrar

Filed 1-10- 1914

Ellis Kackley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-43

JUN 17 1944

249 - 223-003-915

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Registration District No. 11 File No. 18222

Primary Registration District No. 2048 Registered No. 24

Hospital .....

FULL NAME OF CHILD Mildred Burton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Dec 23 1913

FATHER

FULL NAME George Burton

RESIDENCE Cleveland

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Bountiful

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Elizabeth ~~Rasmussen~~ Rapsom

RESIDENCE Cleveland Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Trenton

OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10- 1914 Ellis Kackley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

595-127-093-251

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 4/12/76 CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18223

Primary Registration District No. 2048 Registered No. 23

FULL NAME OF CHILD VERL Joseph Nielson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	12 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Ole Nielson	FULL MAIDEN NAME	Catrin Ann Beavens
RESIDENCE	Cleveland Idaho	RESIDENCE	Cleveland
COLOR	White AGE AT LAST BIRTHDAY 28 (Years)	COLOR	White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Brigham City Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton Idaho

Elbs Kackley Registrar

Filed 1-10- 1913 Elbs Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

FEB 2 4 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 6 12 52 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho }
County of Franklin } ss.

Certificate No. 18223

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Joseph Nielsen (Name on Original Certificate) who was born (Was Born or Died) on Dec 27, 1913 (Date of Event)
in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Joseph Nielsen	Verl Joseph Nielson
father's last name	Nielsen	Nielson
date of birth	Dec 20, 1913	Dec 27, 1913

Subscribed and sworn to before me this 30 day of March, 1976

Notary Public, residing at Preston Idaho

My commission expires 3-4-78

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Franklin } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of March, 1976

Notary Public, residing at Preston Idaho

My commission expires 3-4-78

(Seal)

Signed Ray A. Keller (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/15/76 nm Copy

APR 1 2 1975

Certif of Ordination from the LDS Church gives name as Verl Joseph Nielson odained a Deacon on Dec 13, 1926. father's name given as Edgar O. Nielson and mother's name as Catherine A. Bevins born Dec 27, 1913 at Cleveland, Idaho Blessed on Feb 1, 1914. viewed by V. S.

Certificate of Baptism and Confirmation from the LDS Church gives name as Verl Joseph Nielson son of Edgar O. Nielson and Cathrine A. Bevins. Born Dec 27, 1913 at Cleveland, Odaho. Baptized Dec 27, 1921. viewed by V. S.

113 - 28-003-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Oxford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18224

Primary Registration District No. 2046 Registered No. 14

FULL NAME OF CHILD Lula Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl				Yes	Dec 18 1913

	FATHER	MOTHER
FULL NAME	Joseph W Jackson	FULL MAIDEN NAME Ida May VanLeeuwen
RESIDENCE	Oxford Ida	RESIDENCE Oxford Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE	Oxford Ida	BIRTHPLACE Oxford Ida
OCCUPATION	machinist	OCCUPATION house wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ... a Live (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall

M.D.

Address Oxford Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 10 1914 Ellis Rackley Registrar

Ellis Rackley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17928

PLACE OF BIRTH

STATE OF IDAHO

DEC 7 1972

NON-RESIDENT

663-219-003-685

Form V. S. No. 11C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 4/8/74

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18225

Primary Registration District No. 2046 Registered No. 11

FULL NAME OF CHILD Leah Wolverton

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Girl	1 (To be answered only in event of plural births)	yes	Aug 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Thomas Arvle Wolverton	FULL MAIDEN NAME	Aileen Wheeler
RESIDENCE	Robins	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Robin	BIRTHPLACE	Clifton
OCCUPATION	Farmer	OCCUPATION	Farmer's wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen (Physician or midwife)

Address Arimo Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10- 1914 Ellis Kackley Registrar

S-Y CO. 20174

K

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

4 8-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

APR 8 2 27 PM '74

State of .....
County of .....

Certificate No. 18225

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Arleen Leon Woolverton (Name on Original Certificate) who was born (Was Born or Died) on Aug. 19, 1913 (Date of Event)
in Robin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Arleen Leon Woolverton	Leah Wolverton
Fathers name	Arvil T. Woolverton	Thomas Arvle Wolverton
Mothers name	Arleen	Aileen

Subscribed and sworn to before me this 8 day of April, 19 74

Notary Public, residing at Driggs, Id
My commission expires Sept. 18, 1977
(Seal)

Signed John Parker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

246 Priest River, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage License- State of California Contra Costa County John Ralph Bahler and Leah Wolverton married August 28, 1933 .
Viewed by VS

APR 8 1974

Patriarchial Blessing LDS Church Leah Wolverton born Aug. 19, 1913 at Robin, Idaho Blessing dated July 30, 1922 at Pocatello, Idaho Baptized 1921 gives mothers name as Aileen Wheeler Wolverton father Thomas Arvle Wolverton.
Viewed by VS

Family Record by Family obviously old and gives name as Leah Wolverton and parents as Thomas Arvle Wolverton mother as Aileen Wheeler Wolverton.
Viewed by VS
Childs health Record by family = Leah Wolverton August 19, 1913. Date of Examination July 20, 1918 .
Viewed by VS

385-222-003-132

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Hawkins

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18226

Primary Registration District No. 2046 Registered No. 10

FULL NAME OF CHILD Thelma Geneva Lynch

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl	3	yes	Aug (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Lynch	FULL MAIDEN NAME	Christine Adella Alberston
RESIDENCE		RESIDENCE	Hawkins
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New York City	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Farmer's Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) 11, at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Arimo Idaho

Given names added from a supplemental report

..... 19.....

Elbs Kackley Registrar

Filed 1-10-1914 Elbs Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713 - 208 - 023 - 63

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-6-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 18227

Primary Registration District No. 2046 Registered No. 9

FULL NAME OF CHILD Ora Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	Dec 8 1913

FATHER

FULL NAME: Josiah George Packer

RESIDENCE: Marsh Center

COLOR: White AGE AT LAST BIRTHDAY: 43 (Years)

BIRTHPLACE: Franklin Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Chase Wallace

RESIDENCE: Marsh Center

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Kentucky

OCCUPATION: Farmer's Wife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. 11, at 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Anna B. Jensen Arimo Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Filed 1-10-1914 Ellis Kackley Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-4

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18227

No.

PLACE OF BIRTH

FEB 1 1 1972

194-113-003-316

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18228

Primary Registration District No. 2046 Registered No. 7

FULL NAME OF CHILD Hatten Amos Armstrong

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	George W. Armstrong	FULL MAIDEN NAME	Etta Lawrence
RESIDENCE	Robin Idaho.	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

Address Robin Bannock Co. Ida

Filed 1-10- 1914 Ellis Kackley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1964

249-120-003-5-75

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18229

Primary Registration District No. 2046 Registered No. 6

FULL NAME OF CHILD George Osborne Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 20 1913

FATHER

FULL NAME: George Lawrence Smith
RESIDENCE: Robin, Idaho.
COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Utah
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mabel Zeloma Exeter
RESIDENCE: Robin, Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah
OCCUPATION: Housewife

Number of child of this mother, including present birth: 1
Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) Nancy E. Marley

(Physician or midwife)

Address Robin, Bannock Co Idaho

Filed 1-10- 1914 Ellis Kackley, Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kackley Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-7-41

6.1.8.2

794-112-003-666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1036 N. Lincoln St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 18230

Primary Registration District No. 2161 Registered No. 290

FULL NAME OF CHILD Clyde Raymond Grunfelt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edwin G. Grunfelt	FULL MAIDEN NAME	Agnes Wood
RESIDENCE	1036 N. Lincoln Pocatello, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Nebraska
OCCUPATION	Boiler inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H Poole

M.D. (Physician or midwife)

Address Pocatello, Idaho

Filed Dec 8, 1913 O B Steary Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1942

JUL 14 1975

c.c. 4/22/41. wh

313 - 216 - 003 - 349

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 658 N. 6th ave St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 18231

Primary Registration District No. 2161 Registered No. 291

FULL NAME OF CHILD ~~Pabra~~ Paolina Maria Caccia

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Caccia	FULL MAIDEN NAME	Annita Lunstitti
RESIDENCE	658 N 6 ave Pocatello	RESIDENCE	658 N 6 ave Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Legnano. Italy	BIRTHPLACE	Milano Italy
OCCUPATION	Labour.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A-M. Newton

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 10th 1913 O B Steely

Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-404599

652-120-003-356

Form V. S. No. 15-O—20m-5-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1110 N. Johnson St.

Hospital - - - - -

Registration District No. 84 File No. 618232

Primary Registration District No. 2161 Registered No. 292

FULL NAME OF CHILD AIRAIL OROION WESTLEY

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	- - -		- - - -	Yes	Nov. 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clarence H. Westley	FULL MAIDEN NAME	Viola Lewis
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Willard, Utah	BIRTHPLACE	Paradise, Utah
OCCUPATION	Stone Worker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 11:40P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.
(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Dec. 10th 1913 O. H. Steen
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18252

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Westley	Airail Orcion Westley

Subscribed and sworn to before me this 17th
day of July, 19 43.
Judith H. Pearson
Notary Public, residing at Farmington, Utah
My commission expires 6/15/47
(SEAL)

Signed Violet Lewis Westley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
Notary Public, residing at .....

.....
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AUG 6 1943

386-230-003-55-6

PLACE OF BIRTH

Form V. S. No. 11-()—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 26 N. Hamson St.

Hospital

Registration District No. 84 File No. 618233

Primary Registration District No. 2161 Registered No. 293

FULL NAME OF CHILD Adrienne Thomas

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov. (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Elmer G. Thomas	FULL MAIDEN NAME	Laura M. Newton
RESIDENCE	Pocatello, Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Salt Lake City, Utah	BIRTHPLACE	Salt Lake City, Utah
OCCUPATION	Chief Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec. 10th 1913 O. F. Steele

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1940

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

320-330 003-22-0

613-100-003-297

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

No. 858 North (Rear) St.

Hospital

Registration District No. 84

File No. 18234

Primary Registration District No. 2161

Registered No. 294

FULL NAME OF CHILD Donald Ray Walters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	2	Yes	Dec (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George W. Walter	FULL MAIDEN NAME	Ellen Biglow
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Ray (Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Dec 10th 1913 O. B. Steele Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

951-203-003-238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Pannock

City of Pocatello

No. 443 No. Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 618235

Primary Registration District No. 2161 Registered No. 295

FULL NAME OF CHILD Robert Gailand Reamy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		Yes	Dec. 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Austin S. Reamy	FULL MAIDEN NAME	Helen E. Schwartz
RESIDENCE	443 No. Grant	RESIDENCE	Same
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Tyrone - Pa.	BIRTHPLACE	Cherokee - Iowa
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Dec. 10th 1913 O B Steely Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 27 1944

626-104-003-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 354 So 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 7/18236

Primary Registration District No. 2161 Registered No. 296

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	2	Yes	12 4 1913

FATHER		MOTHER	
FULL NAME	Edward Osolo	FULL MAIDEN NAME	Santa Salicae
RESIDENCE	Pocatello	RESIDENCE	Pocatello
COLOR	Spanish	COLOR	Spanish
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Boarding-house keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 11 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 16 1913 O B [signature]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713-205-003-244

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 430 S. 8th Ave St.

Registration District No. 84 File No. 18237

Primary Registration District No. 2161 Registered No. 297

Hospital

FULL NAME OF CHILD Helen Elizabeth Gathe

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore Gathe	FULL MAIDEN NAME	Martha Kummer
RESIDENCE	430 So. 8th Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Switzerland
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 5th/13 (Born alive or stillborn) at 4 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 10th 1913 O B Seeley Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

315-205-003-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 415 E. Halliday St.

Hospital

Registration District No. 84

File No. 7 18238

Primary Registration District No. 2161

Registered No. 298

FULL NAME OF CHILD Anna Marie Current

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 5th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Allen W Current	FULL MAIDEN NAME	Delphine Alice Cassell
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Bloomington Ind
OCCUPATION	Travelling Salesman	OCCUPATION	School Teacher

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 5/13 at 7:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 10th 1913

[signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 9 1947

555 - 207-003-435

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18239

County of Bannock

City of Inkom

Registration District No. 84 File No. 1

No. ..... St.

Primary Registration District No. 2161 Registered No. 299

Hospital .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 7 1913

FATHER		MOTHER	
FULL NAME	A. J. Nesser	FULL MAIDEN NAME	Margaret McNamara
RESIDENCE	Inkom	RESIDENCE	Inkom.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Washington
OCCUPATION	Rancher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Francis H. Poole M. D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 10th 1913 O. B. Miller Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-179210

465-107-003-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 615 N. Harrison St.

Hospital

Registration District No. 84 File No. 7 18240

Primary Registration District No. 2161 Registered No. 300

FULL NAME OF CHILD Joseph Elmer Donovan

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec 7/13 (Month) (Day) 191 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Andrew Donovan	FULL MAIDEN NAME	Jennie Dick
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Staten Island N.Y.	BIRTHPLACE	Jersey City N.J.
OCCUPATION	Blacksmith R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 7/13 at 6 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle
M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Dec 24 1913 O B Lee
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-109-023-119

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 537 W. Whitman

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 7 18241

Primary Registration District No. 2161 Registered No. 301

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3	Yes	Dec 9 1913

FATHER		MOTHER	
FULL NAME	Eric Oscar Norman	FULL MAIDEN NAME	Florence M. Jarboe
RESIDENCE	537 W. Whitman	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Sweden	BIRTHPLACE	Cheyenne Wyo
OCCUPATION	R. R. Conductor	OCCUPATION	Home wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Skaggs M. D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 12 1913

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

577-209-003-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 315 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 7 18242

Primary Registration District No. 2161 Registered No. 302

FULL NAME OF CHILD Agnes Florence Epperson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 9th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W. Epperson	FULL MAIDEN NAME	Laura Myrtle Haroille
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Blue Rapids, Kansas,	BIRTHPLACE	Le Grange Oregon
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 9th/13 at 11 58 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Dec 12 1913 O P Brady
Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1944

239-112-003-714

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 305 N. Johnson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 7 18243

Primary Registration District No. 2161 Registered No. 303

FULL NAME OF CHILD William Frederick Stroschein

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Dec 12th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick W. Stroschein	FULL MAIDEN NAME	Bertha Gauger
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Markesan Wis	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 12/13 at 6-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec. 16 1913 O B Sharp
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1969

416-213-003-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 656 So. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 718244

Primary Registration District No. 2161 Registered No. 304

FULL NAME OF CHILD Dora Lavina Dawson

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Female	2 (To be answered only in event of plural births)	Yes	12 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lawrence E. Dawson	FULL MAIDEN NAME	Louise Pellum
RESIDENCE	Arbon, Ida.	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4:30 a.m. on the date above stated. (Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Roy (Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 20, 1913 O. B. Pence Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 30 1970

331-216-003-819

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 511 S Garfield

Hospital

Registration District No. 84

File No. 718245

Primary Registration District No. 2161

Registered No. 305

FULL NAME OF CHILD Dorothy Mae Clark

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert D. Clark	FULL MAIDEN NAME	Ida Harmonson
RESIDENCE	511 S Garfield	RESIDENCE	511 S Garfield
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Logan Utah	BIRTHPLACE	Menan Utah
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 30 1913

O B [illegible]

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

689-121-003-666

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 555 N. 4th Ave St.

Hospital Home

Registration District No. 84

File No. 7 18246

Primary Registration District No. 2161

Registered No. 306

FULL NAME OF CHILD Albert David White

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec (Month) 21 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Albert White	FULL MAIDEN NAME	Katherine Foote.
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Holstein Germany	BIRTHPLACE	Buffalo Wyoming
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A M Newton

(Physician or ~~midwife~~)

Given names added from a supplemental report

.....19.....

Address Pocatello, Idaho

Filed Dec. 24 1913 O B Seely

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

391-220-003-364

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84

File No. 78247

No. 637 N Harrison

Primary Registration District No. 2161

Registered No. 307

Hospital

FULL NAME OF CHILD Ida Lucile Cranon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Cranon	FULL MAIDEN NAME	Isabelle Todd
RESIDENCE	637 N Harrison	RESIDENCE	637 N Harrison
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Morgan Utah	BIRTHPLACE	Hooper Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H S Woolley

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello, Idaho

Filed Dec. 30 1913 O B Steele

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1955

766-220-003-365

PLACE OF BIRTH

Form V. S. No. 11-G—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 721 N. Harrison St.

Hospital

Registration District No. 84

File No. 7 18248

Primary Registration District No. 2161

Registered No. 308

FULL NAME OF CHILD Margaret Loretta Pfohl

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 20th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frederick J. Pfohl	FULL MAIDEN NAME	Edna Ruth Long
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Livingstone Mont	BIRTHPLACE	Sheridan Wyo.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 20/13 at 8 20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 28th 1913 O B Steely
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUL 24 1945

219-222-003-967

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 328 W Lewis St.

Registration District No. 84 File No. 7 18249

Primary Registration District No. 2161 Registered No. 309

Hospital

FULL NAME OF CHILD Vera Marie Bailey

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 22nd 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo A Bailey	FULL MAIDEN NAME	Effie E. Rogers
RESIDENCE		RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Paris Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Dec 22/13 at 11 55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 28 1913 O B Steele
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 15 1967
MAY 7 1971
JUL 12 1976

23-124-003-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 603 No. Grant

Registration District No. 84

File No. 7 18250

Primary Registration District No. 2161

Registered No. 310

Hospital

FULL NAME OF CHILD Oscar Salin Clawson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	6	Yes	Dec 24 1913

FATHER		MOTHER	
FULL NAME	Anton G. Clawson	FULL MAIDEN NAME	Judith Andina Salin
RESIDENCE	603 No. Grant	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Norrköping Sweden	BIRTHPLACE	Goteborge Sweden
OCCUPATION	Cook	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Steely

M. D.
(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Dec 26 1913

O B Steely
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 18250
County of Salt Lake } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Oscar Salin Clawson (Name on Original Certificate) who Born (Was Born or Died) on December 24th 1913 (Date of Event) in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on December 24th -1913. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Oscar Salin Clawson
Oscar Salin Clawson -		

Subscribed and sworn to before me this 17th day of March, 1942.
Emma Turlefield
Notary Public, residing at Salt Lake City Ut
My commission expires Jan 6-1946.
(Seal)

Signed Anton G. Clawson
(Signature of parent) ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
#3 Girard Ave, Salt Lake City Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Mateo }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 29th day of April 1942.
P H Evarts.
Notary Public, residing at San Bruno, Calif
My commission expires
(Seal)

Signed Agnes Hermonson
(Signature of Any Credible Person Other Than Previous Year)
627 San Mateo Ave
(Street Address, City, State)
San Bruno, Calif.

Notary Public in and for the County of San Mateo, State of California
My Commission Expires April 21 1945

MAY 4 1942

MAY 7 1942

967-124-003-249

Form V. S. No. 11—16m-3-15-12

PLACE OF BIRTH

County of ~~Pocatello~~ Bannock

City of Pocatello

No. 846 N Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 718251

Primary Registration District No. 2161 Registered No. 311

FULL NAME OF CHILD Glenn Leroy Rogerson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy			4	Yes	Dec 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis C. Rogerson	FULL MAIDEN NAME	Fannie Smith
RESIDENCE	846 N Main	RESIDENCE	846 N. Main
COLOR	Dark	COLOR	Dark
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	West Weber Utah	BIRTHPLACE	Pocatello Idaho
OCCUPATION	Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 900 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H L Woolley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 30 1913 O B Steele

Registrar

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child | Twin Triplet or other | Number in order of birth | Legitimate | Date of _____ (Month) (Day) (Year)

(To be answered only in event of _____)

FULL NAME	FATHER	FULL MOTHER NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		NATION	

Number of child of this number _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born on the date above stated.

When I have been in attendance, I have been in attendance from the date of _____ to the date of _____

Given _____ address _____

Address _____

_____ 19 _____

_____ 19 _____

MAIL OR RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

Please read the rules for the name of the child and the number of the birth of the child.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 355 N 15 Ave St.

Registration District No. 84

File No. 718252

Primary Registration District No. 2161

Registered No. 312

Hospital

FULL NAME OF CHILD George Forest Coop

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Boy	1	Yes	Dec 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Bert Coop.	FULL MAIDEN NAME Ruth Adkins
RESIDENCE 355 No 15 Ave	RESIDENCE 355 No 15 Ave
COLOR Dark AGE AT LAST BIRTHDAY 27 (Years)	COLOR Light AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Des Moines Iowa	BIRTHPLACE Kearney Neb.
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr H L Woolley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Dec 31 1913

O. B. [illegible]

Registrar

Registrar

S-Y CO. 20174

MAR 1 4 1974

231-128-003-248

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18253

County of Bannock

City of Pocatello

No. ....., ... St.

Hospital .....

Registration District No. 84

File No. 7

Primary Registration District No. 2161

Registered No. 313

FULL NAME OF CHILD Richard Smyers Blair -

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Male		Yes -	Dec. 28th 1913 - (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Richard L. Blair -	FULL MAIDEN NAME	Eva Smyers.
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Lexington, Ky.	BIRTHPLACE	Blackfoot, Idaho.
OCCUPATION	Loco. Fireman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One -

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Wright

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Pocatello, Idaho.

Filed Jan 4, 1914 O B Sweeney Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

24-032-4

[redacted]

S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. [redacted]

18254

No. ....., ... St.

Primary Registration District No. 1017-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD Bonita Virginia Holland

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		—	yes	Dec 24, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dorwin Holland	FULL MAIDEN NAME	Nellie Mitchell
RESIDENCE	5 mi SW of Jerome	RESIDENCE	5 mi SW of Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Jerome Ida

Filed Jan 1 1914 E. D. Piper

Registrar

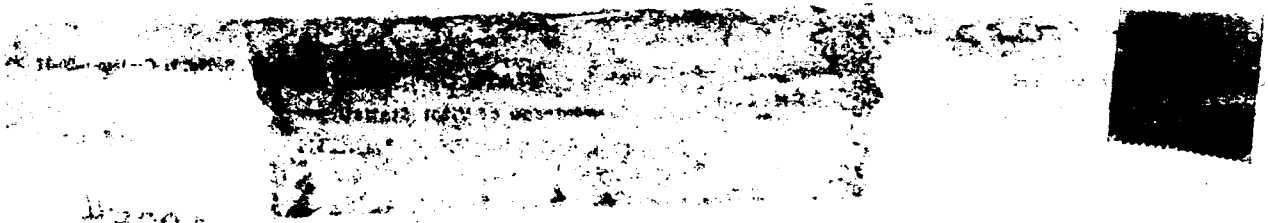
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



4/15, 1941 L. B.

DWP 0 1913-19621

897-203-032-795

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 23

File No. 18256

No. ....., ... St.

Primary Registration District No. 2017-2027 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elenor Mae Higley

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—	—	—	Yes	Nov (Month) 3 (Day) 1914 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orville D Higley	FULL MAIDEN NAME	Lena Greene
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Mangr. Lumber Yard	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M. D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Jerome Idaho

Filed Jan 1 1914 E. D. Piper

Registrar

Registrar

S-Y CO., 16670

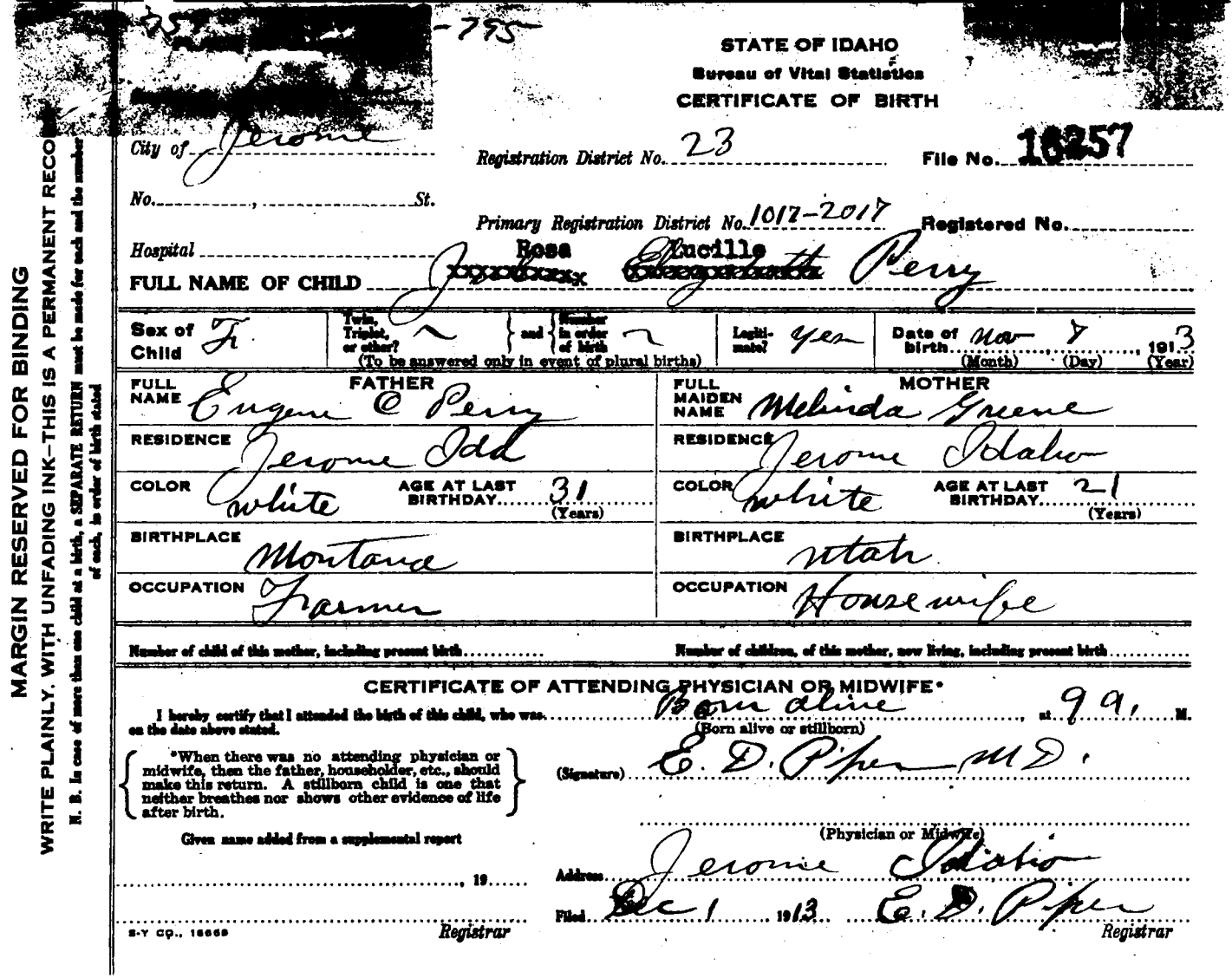
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1955

SEP 3 1986



MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

-795

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

City of Jerome — Registration District No. 23 — File No. 16257

No. ....., ... St.

Primary Registration District No. 1017-2017 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Rosa Lucille Perry

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	~		~	yes	Nov 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eugene C Perry	FULL MAIDEN NAME	Melinda Greene
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montana	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Jerome Idaho

Filed Dec 1 1913 E. D. Piper

Registrar — Registrar

S-Y CO., 16669

MAR 0 1 2001

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 18257

State of Idaho }ss.
County of Jerome }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Julia Elizabeth (Name on Original Certificate) who was born (Was Born or Died) on Nov. 7-1913 (Date of Event)
in Jerome Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Julia Elizabeth	Rosa Lucille Perry

Subscribed and sworn to before me this 15th day of October 1943

Estella H. Pierce
Notary Public, residing at Jerome

My commission expires April 22, 1946.
(Seal)

Signed Melinda May Germer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jerome Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }ss.
County of Jerome }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of October 1943

Estella H. Pierce
Notary Public, residing at Jerome Idaho

My commission expires April 22, 1946
(Seal)

Signed Pearl Claiborne
(Signature of Any Credible Person Other Than Previous Year)

Jerome Ida
(Street Address, City, State)

OCT 2 6 1948

MAR 0 1 2001

FEB 6 1975

862-122-032-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 16256

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD Fred Wilson ~~Hoskins~~ HOSKINS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mar 22 1913

	FATHER	MOTHER
FULL NAME	Jay L ~~Hoskins~~ HOSKINS	FULL MAIDEN NAME Frances Wilson
RESIDENCE	4 mi S of Jerome	RESIDENCE 4 mi S of Jerome
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Ireland
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 p. M. on the date above stated.

(Signature) E. D. Pike M. D.

(Physician or Midwife)

Address Jerome Idaho

Filed Dec 1 1913 E. D. Pike

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16666

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 18258

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Hoskings (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on November 22, 1913 (DATE OF EVENT) in Jerome (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother's information (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on February 15, 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Hoskings	Hoskins
Name		Fred Wilson Hoskins

Subscribed and sworn to before me this 17th day of February, 19 43

I. V. Watts

Notary Public, residing at Twin Falls, Idaho

My commission expires April 8, 1944

(SEAL)

Signed Frances Wilson Hoskins

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Jerome, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

FEB 19 1943

294-226-032-864

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 18259

Primary Registration District No. 1017-2017 Registered No. .....

FULL NAME OF CHILD — ELOINE ~~Brunner~~ BRUNER

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—	—	—	yes	Nov 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ross ~~Brunner~~ BRUNER	FULL MAIDEN NAME	Nellie C. Young
RESIDENCE	6 mi north of Jerome	RESIDENCE	6 mi North of Jerome
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Piper M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Jerome Ida

Filed Dec 1 1913 E. D. Piper

Registrar Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome }

Certificate No. 18259

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Eloine Kathryn Bruner (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on November 26, 1913 (DATE OF EVENT)
in Jerome, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
surname	Brunner	Bruner
~~surname~~ Christian name	Elaine	Eloine

Subscribed and sworn to before me this 27th day of October, 19 42.

Signed Nellie Clara Bruner
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Jerome, Idaho

My commission expires Nov. 1. 1942
(SEAL)

Jerome Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

My commission expires
(SEAL)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

NOV 4 1942

276-429-032-363

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ..... St.

Registration District No. 23 File No. 16260

Primary Registration District No. 107-2017 Registered No. .....

Hospital .....

FULL NAME OF CHILD ARTHUR REA Shofford

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Nov (Day) 29th (Year) 1913

FATHER		MOTHER	
FULL NAME	Nathaniel a Shofford	FULL MAIDEN NAME	Bessie M Colburn
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	52 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Maine	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M. D.

(Physician or Midwife)

Address Jerome Idaho

Given name added from a supplemental report

..... 19.....

Filed Dec 1 1913 E. D. Pyle

..... Registrar

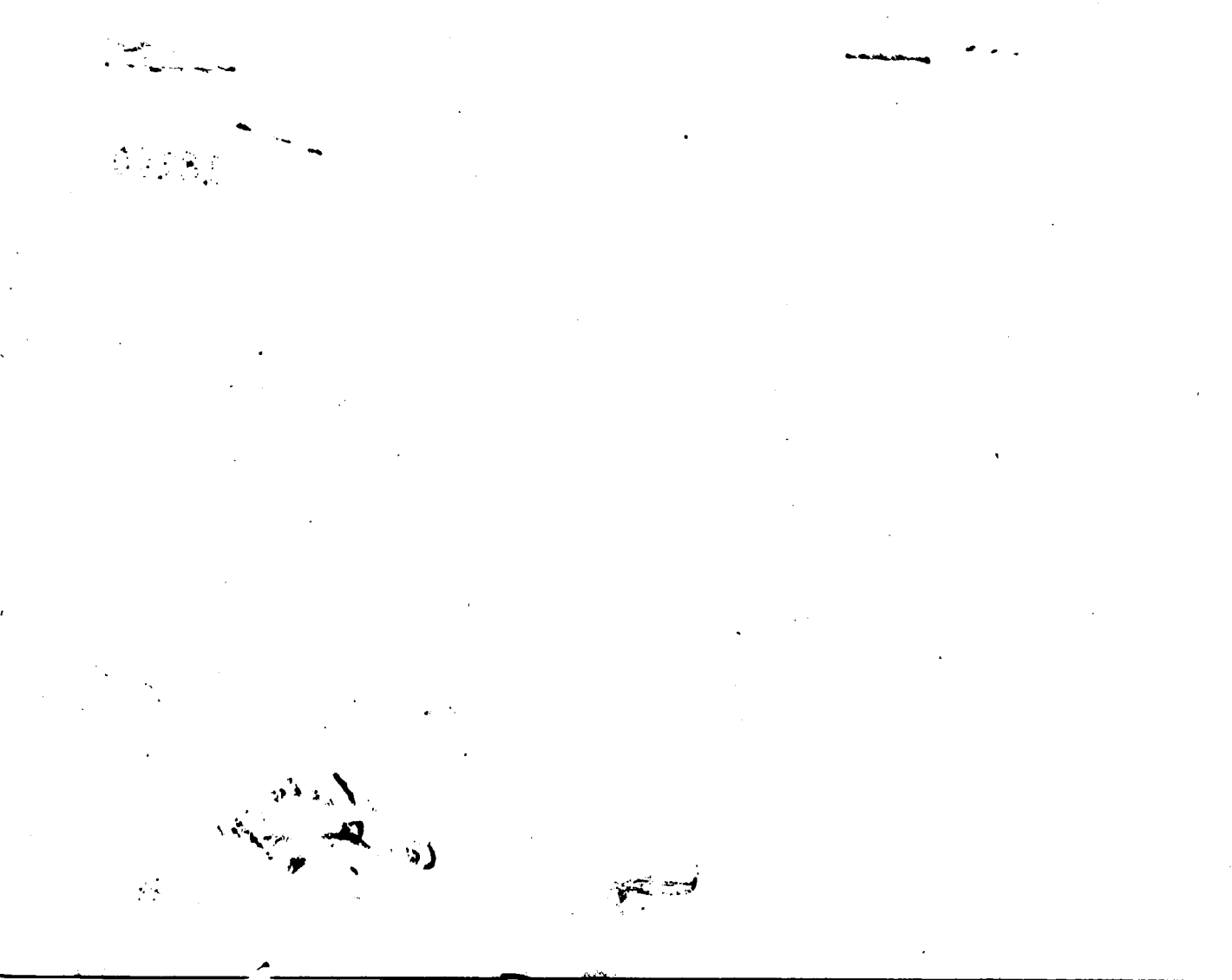
Registrar

S-V CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jerome

Certificate No. 18260
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Mrs. Bessie M. Spofford (Birth or ~~death~~)
for Unnamed Spofford (Name on original certificate) who born (Was born or ~~died~~) on Nov. 27, 1913 (Date of event)
in Nov. 27, 1913 Jerome (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by affidavit herewith (Bible record, insurance policy, etc.) prepared on November 27, 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Spofford	Arthur Rea Spofford
Date of birth	Nov. 27th - 1913	Nov. 29th 1913

Subscribed and sworn to before me this 27th
day of November, 19 41

William G. Enstork
Probate Judge Jerome County, Idaho
Notary Public, residing at Jerome, Idaho
My commission expires ~~term~~ second Monday in January, 1943
[SEAL]

Signed Mrs. Bessie M. Spofford
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parent- Jerome, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of November, 19 41

William G. Enstork
Probate Judge Jerome County, Idaho
Notary Public, residing at Jerome, Idaho
My commission expires ~~term~~ second Monday in January, 1943
[SEAL]

Signed Mrs Ola R. Hendrickson
(Signature of any credible person other than the previous affiant.)

Jerome, Idaho
(Street Address, City, State)

Received for filing on DEC 26 1941 By
(Registrar's signature)

JUL 31 1952

419-106-032-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF [redacted]

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C--15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 18261

Primary Registration District No. 1017-2017 Registered No. ____

FULL NAME OF CHILD James Fentress Marquez

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Dec 6, 1913

FATHER		MOTHER	
FULL NAME	Clarence E Marquez	FULL MAIDEN NAME	Virginia Williams
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Pyle M. D.

(Physician or Midwife)

Address Jerome Ida

Given names added from a supplemental report

..... 19.....

Registrar

Filed Jan 1 1914 E. D. Pyle

Registrar

S-Y CO., 16670

493-[redacted]4-165

P[redacted]TH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]on

City of Nampa

No. 11th Ave So

Hospital X

Registration District No.

File No. 18264

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD Ross Jean Miller

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Dec 7 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter E Miller	FULL MAIDEN NAME	Bessie a Jones
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Nampa Idaho

Filed Dec 16 1913 S. D. Calonge Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DWP 001913-254487

255-106-014-449

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. Kurtz Add St.

Hospital X

Registration District No. _____ File No. 18265

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD JOHN LLOYD KENT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	yes	Dec 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John G Kent	FULL MAIDEN NAME	Beulah Mary Durham
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY	46 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Dec 16 1913 S. D. Calonge Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 1 2011

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. DEC 29 19[illegible]
County of ~~Ada~~ Canyon

Certificate No. 18265
Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of ~~Death~~ Birth (Birth or death)
for Unnamed Kent (Name on original certificate) who ~~born~~ died (Was born or died) on Dec 6, 1913 (Date of event)
in Nampa Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (Bible record, insurance policy, etc.) prepared on [illegible] (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	John Lloyd Kent
Maiden name of mother	Mary Durham	Beulah Mary Durham

Subscribed and sworn to before me this 26th day of Dec, 1941

Notary Public, residing at Nampa Ida

My commission expires 9-17-1945

[SEAL]

Signed John G Kent
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 7, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida
County of Canyon } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Dec, 1941

Notary Public, residing at Nampa Ida

My commission expires 9-17-1945

[SEAL]

Signed Beulah May Durham Kent
(Signature of any credible person other than the previous affiant.)

Route 7, Nampa, Idaho
(Street Address, City, State)

Received for filing on DEC 29 By [illegible]
(Registrar's signature)

234-212-014-819

Form V. S. No. 11-C—20m-9-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 213 - 14th ave St.

Hospital X

Registration District No. _____ File No. 18266

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Dec 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. B. Sturgill	FULL MAIDEN NAME	Eliza Gaines
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Okla
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Idaho

Filed Dec 16 1913 S. D. Calonge Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 26 1968

613-229-014-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18267

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD — LOIS PEARL Fackler

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes	10/29/1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	A. E. Fackler	FULL MAIDEN NAME	Sylvia Harrett
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. M. Ackerman, M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Dec 5 1913 A. D. Colony

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 18267

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by marriage certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 16, 1934 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH" ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
correction on Mothers		Lois Pearl Fackler
Maiden name		
Harrett		Harrett

Subscribed and sworn to before me this 5th day of February, 1942.

C. A. Button

Notary Public, residing at Boise

My commission expires ~~February~~ April 20 1945 (SEAL)

Signed Sylvia L. Fackler (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

McCall Idaho (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 5th day of February, 1942.

C. A. Button

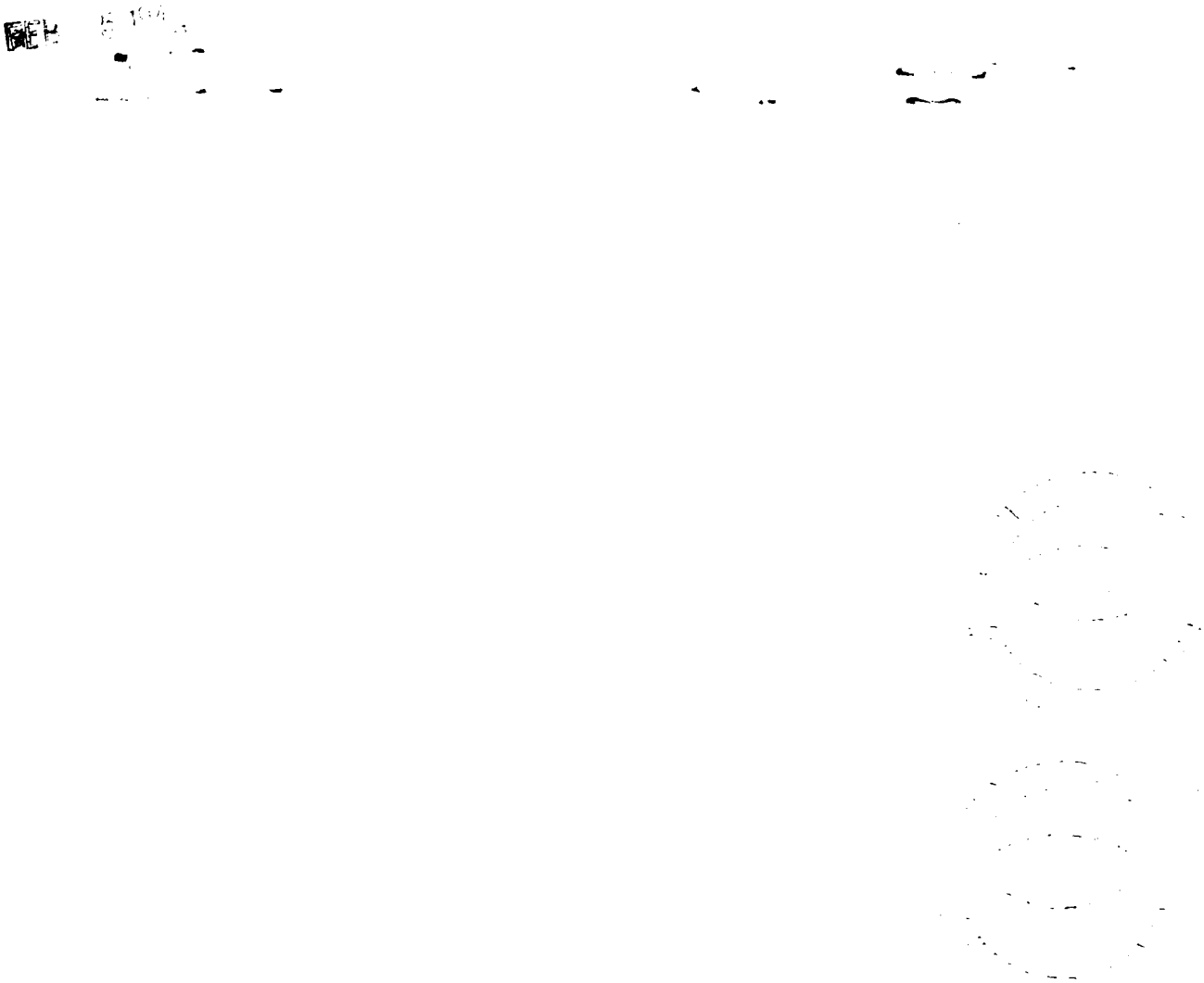
Notary Public, residing at Boise

My commission expires April 20 1945 (SEAL)

Signed Viola Fackler (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Meridian Idaho (STREET ADDRESS, CITY, STATE)

Received for filing on By (REGISTRAR'S SIGNATURE)



994-220-014-557

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

County of Caseyou

City of Bowmont

No. ..... St.

Hospital .....

Registration District No. .....

File No. 18268

Primary Registration District No. 7

Registered No. .....

FULL NAME OF CHILD Wilma May Zimmerman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	11 / 20 / 1913

FATHER		MOTHER	
FULL NAME	Elbert Zimmerman	FULL MAIDEN NAME	Nora Negley
RESIDENCE	Bowmont Ida	RESIDENCE	Bowmont
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Pennsylvania
OCCUPATION	farmer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. McKellogg

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nampa Ida

Filed Dec 5 1913 P. D. Calanga

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1942

469-220-014-295

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 4 mi S. St.

Hospital

Registration District No.

File No. 18269

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD Alberta Morrison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	11 (Month) / 20 (Day) / 1913 (Year)

FATHER		MOTHER	
FULL NAME	G. E. Morrison	FULL MAIDEN NAME	Edna Bingham
RESIDENCE	Nampa, Ida.	RESIDENCE	Nampa, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Wisconsin	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. O. A. Kellogg

Phys.
(Physician or midwife)

Given names added from a supplemental report

19

Address Nampa Ida

Filed Dec 5 1913 D. D. Colang
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

962-226-014-396

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 340 12th Av. S.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 18270

Primary Registration District No. 7

Registered No.

FULL NAME OF CHILD Ross

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	X		X	yes.	11 (Month) / 26 (Day) / 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dr. H. P. Ross,	FULL MAIDEN NAME	Cross.
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Canada.	BIRTHPLACE	Minn.
OCCUPATION	Physician	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. D. A. Kellogg.

Phys. (Physician or midwife)

Address Nampa Ida

Filed Dec 5 1913 S. D. Calanga Registrar

Given names added from a supplemental report

19

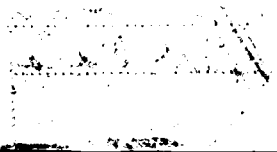
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



296-130-014-862

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. Lakeview Terrace St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 18271

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD Ross Woodward Brody

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Nov 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George W Brody	FULL MAIDEN NAME	Fannie Elizabeth Hobson
RESIDENCE	Nampa	RESIDENCE	Nampa
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Salt Lak Utah
OCCUPATION	Car inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Ross

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Nampa Idaho

Filed Dec 5 1913 S D Calanger Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 7 1943

353-700-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa, Idaho

Registration District No. _____ File No. 18272

No. _____ St.

Primary Registration District No. 7 Registered No. _____

Hospital Nampa General

FULL NAME OF CHILD Clifford Hoyt Le Claire

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	12 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles H. Le Claire	FULL MAIDEN NAME	Harriette B. Hope
RESIDENCE	525 E. Bannock St. Boise	RESIDENCE	525 E. Bannock Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Coolidge Kans.	BIRTHPLACE	Cincinnati Ohio
OCCUPATION	Broker.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Ida.

Filed Dec 10 1913 S. D. Calonge

Registrar Registrar

S-Y CO. 20174

It was impossible to get above data in Nov.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 20 1948

168-118 253

PLACE OF [redacted] Dewyhee

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Marsing Wilson Ida

Registration District No. ____ File No. 18273

No. ____ St.

Primary Registration District No. 7 Registered No. ____

Hospital ____

FULL NAME OF CHILD Johnson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin	1st	Yes	12/18/1913

FATHER	MOTHER
FULL NAME Chas. A Johnson	FULL MAIDEN NAME Mary Kelly
RESIDENCE P.O. Reynolds Ida	RESIDENCE P.O. Reynolds Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ida	BIRTHPLACE Canada
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calaway M.D.

(Physician or midwife)

Address Marsing Ida.

Given names added from a supplemental report

....., 19.....

Filed 12/20, 1913 D.D. Calaway
Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-G—20m-2-11-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE

168-218-037-253

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Canyon~~ Owyhee Co

City of ~~Nampa~~ Wilson Ida

Registration District No. _____ File No. 18274

No. ✓ St.

Primary Registration District No. 7 Registered No. _____

Hospital ✓

FULL NAME OF CHILD — Johnson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	Twin	2nd	Yes	12/18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas A Johnson	FULL MAIDEN NAME	Mary Kelly
RESIDENCE	Reynolds Ida / P.O. Wilson Ida	RESIDENCE	Reynolds Ida / P.O. Wilson Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Canada
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 30 PM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Nampa Ida

Filed 12/20 1913 S. D. Calonge Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

413-128
014-681

PLACE OF BIRTH [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ✓ St.

Registration District No.

File No. 18275

Primary Registration District No. 7

Registered No.

Hospital Edw. Devon Maloney

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	See US Margin	12/28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mathew Maloney	FULL MAIDEN NAME	Edith O'Hara
RESIDENCE	Unknown	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mont.	BIRTHPLACE	Colo.
OCCUPATION	None	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 11 PM, on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.
(Physician or Midwife)

Given names added from a supplemental report

19

Address Nampa Ida

Filed Dec 29 1913 S. D. Calonge
Registrar

Registrar

Date of Marriage July 29/13 Husband deserted wife at once. Mother died of eclampsia Dec 31/13.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/14/41 L. B.

[redacted]

699-212-014-165

PLACE OF BIRTH Amended 8/28/51

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ____ St. Registration District No. ____ File No. 18276

Hospital ____ Primary Registration District No. 7 Registered No. ____

FULL NAME OF CHILD EVELYN FRIZZELL
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
FEMALE	/	/	YES	Dec. 12 1913

What bacteriecidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: John F. Frizzell	FULL MAIDEN NAME: Emma Jones
RESIDENCE: Nampa, Idaho	RESIDENCE: Nampa, Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge MD
(Physician or midwife)

Address Nampa, Idaho

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed 12/15 1913 S.D. Calonge Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Canyon } ss.

Certificate No. 18276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) birth for Evelyn Berry (Name on Original Certificate) who was born (Was Born or Died) on Dec. 12, 1913 (Date of Event) in Canyon County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by birth record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	Dec. 9, 1913	Dec. 12, 1913

Subscribed and sworn to before me this 16th day of August, 19 51

Ralph N. Caldwell
Notary Public, residing at Caldwell, Idaho
My commission expires 10/5/51
(Seal)

Signed John F. Fitzgell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
824 Denver, Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH - 51117
1 c. pd.

944 - 209-014-864

Form V. S. No. 11-C—20m-2-15-12.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18277

County of Canyon

City of Nampa

No. ✓ St.

Registration District No. _____ File No. _____

Primary Registration District No. 7 Registered No. _____

Hospital ✓

FULL NAME OF CHILD Nona E. Rudge

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	✓	1	Yes	Dec 9 1913

FATHER		MOTHER	
FULL NAME	Clarence H. Rudge	FULL MAIDEN NAME	Lyia Hombeck
RESIDENCE	Nampa Ida.	RESIDENCE	Do.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Nebr.
OCCUPATION	Painter & Decorator	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calonge M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 12 1913 S. D. Calonge

Registrar

R-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1942

231-119-014-291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. North 8th Ave St.

Hospital X

Registration District No. _____ File No. 18278

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD X

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Boy	X		X	Yes	Dec 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. H. Stahl	FULL MAIDEN NAME	Grace L Bramlett
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Ind.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J H Murray
Physician
(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Nampa Idaho

Filed Dec 21 1913 B. D. Celange
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8YS81

793-129-014-747

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Registration District No. .....

File No. 18279

Primary Registration District No. 7

Registered No. .....

Hospital .....

FULL NAME OF CHILD Edgar Wayne Gilman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Lindsey Gilman	Ida Pugh
RESIDENCE	Near Nampa	Near Nampa
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Missouri	Cleveland Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9.30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H P Rose

Physician
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 30 1913 B D Cahoon
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

& 7 29 75

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 25 1 06 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of birth } ss.
County of

Certificate No. 18279

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Gilman (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1913 (Date of Event)
in Nampa Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Edgar Wayne

Subscribed and sworn to before me this 29 day of
Aug., 19 75

Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1977
(Seal)

Signed William Kyle Forrester
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5409 NE 40th St Vancouver Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
, 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

SEP 3 1975

Social Security Card, # 518-05-9783 gives name as Edgar Wayne Gilman , issued Jan. 16, 1941.
Viewed by VS

Evans Insurance Agency from Santa Maria, Calif gives name as Edgar Wayne Gilman and Esther M. Gilman. paid on June 2, 1961. Policy No. D61-25-91 viewed by V. S.

255 [illegible] -665

PLACE OF BIRTH

[illegible] 20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 3 Miles South St.

Hospital X

Registration District No. _____ File No. 18280

Primary Registration District No. 7 Registered No. _____

FULL NAME OF CHILD X HELEN M. BENJAMIN

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	X		X	yes	Dec (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl L. Benjamin	FULL MAIDEN NAME	Elizabeth M. Owen
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	N. Y.	BIRTHPLACE	London England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray
Physician
(Physician or midwife)

Address Nampa Idaho

Filed Dec 20 1913 D. D. Calonge
Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20170

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
U OF VITAL STATIS

ERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

OCT 21 1942

Certificate No. 18280

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Helen M. Benjamin

Subscribed and sworn to before me this 17 day of Oct 1942

Notary Public, residing at Richburg N.Y.

My commission expires March 30 1944

(Seal)

Signed Elizabeth Mary Benjamin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Richburg, New York
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of New York } ss.
County of Allegany }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of Oct 1942

Notary Public, residing at Richburg, NY

My commission expires Mar. 30-1944

(Seal)

Signed Josephine Coates
(Signature of Any Credible Person Other Than Previous Year)

Richburg, N. Y.
(Street Address, City, State)

OCT 23 1942

695-218-014-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18281

County of Canyon

City of Nampa

No. 1313 - South 4th Ave St.

Registration District No. _____ File No. _____

Primary Registration District No. 7 Registered No. _____

Hospital X

FULL NAME OF CHILD Laura Olivette Bliss

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Girl	X		X	Yes	Dec 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jno. H. Winters	FULL MAIDEN NAME	Carrie E. Bliss
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Nampa Idaho

Filed Dec 20 1913 B. D. Calanga Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 8 1964

FEB 1 1 1976

791-219-014-239

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 5 miles South St.

Hospital x

Registration District No. ____ File No. 18282

Primary Registration District No. 7 Registered No. ____

FULL NAME OF CHILD x Charlotte Venita Grass

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl	x		x	yes	Dec 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George C Grass	FULL MAIDEN NAME	Myrtle Scism
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or midwife)

Given names added from a supplemental report

Address Nampa Idaho

19

Filed Dec 20 1913 P. D. Calanger

Registrar Registrar

S-Y 5. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1-2-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS JAN 2 2 14TH '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18282

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Grass (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1913 (Date of Event) in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Charlotte Venita

Subscribed and sworn to before me this 2nd day of January, 1973

Notary Public, residing at Boise

My commission expires 4-30-74

(Seal)

Signed Mrs Vera V. Owen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1313 Longmont Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file with State of Idaho gives name of mother as Charlotte Venita Grass. Child born December 15, 1937, state file # 262621.
Father - Allen Curtiss Elwood.
Viewed by V.S.

JAN 3 1973

Social Security Card issued 1958 gives name as Charlotte Venita Grass Elwood.
518 09 2733
Viewed by V.S.

569-217-014-244

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Payette

Registration District No. 4

File No. 18283

No. 1621 - 1st Ave So St.

Primary Registration District No. 1008

Registered No. 295

Hospital

FULL NAME OF CHILD Harriett Esther Norris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 17 1913

FATHER		MOTHER	
FULL NAME	John A Norris	FULL MAIDEN NAME	Louise Gunner
RESIDENCE	Payette Idaho	RESIDENCE	Payette Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Montana
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Woodward

Physician (Physician or midwife)

Address Payette Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 18 1913 J. C. Woodward
Registrar

8-Y CO. 20174

JAN 6 1947

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. No. [illegible]

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 916 2nd Ave N St.

Hospital

Registration District No. 4

Primary Registration District No. 1008

File No. 18284

Registered No. 296

FULL NAME OF CHILD Milton B. Smith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Dec. 7

FATHER		MOTHER	
FULL NAME	Benjamin Smith	FULL MAIDEN NAME	Anna Ross
RESIDENCE	916 2nd Ave. North. Payette	RESIDENCE	916 2nd Ave. North Payette
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Minister	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Payette Idaho

Filed Dec 27 1913 J. C. Woodward Registrar

Registrar

S-Y CO. 20174

759-210-014-238

Amended 9-10-71

(Be sure the information is complete and accurate)

State File No. 18285

Local Reg. No.

Reg. Dist. No. 4

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Payette, Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: 2 miles SE of Payette

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Annette

b. (Middle): Eleanor

c. (Last): Geissler

4. SEX: Female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) Dec. (Day) 10 (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): John

b. (Middle): C.

c. (Last): Geissler

8. AGE (At time of this birth) 39 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY: Farming

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary

b. (Middle):

c. (Last): Schroeder

13. AGE (At time of this birth) 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: O. H. Avey

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Payette, Idaho

20. DATE SIGNED

21. DATE REC'D BY LOCAL REG.: Dec. 27, 1913

22. REGISTRAR'S SIGNATURE: J. C. Woodward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

...typewriter ribbon in completing this certificate. This certificate MUST be filed with the ... in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address ... VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH 8 26 71

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 10 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 18285

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Annette Elinor Geisler (Name on Original Certificate) who was born (Was Born or Died) on Dec. 10. 1913 (Date of Event) in Canyon County Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Annette Elinor Geisler	Annette Eleanor Geissler
Fathers name	Geisler	Geissler
Mothers name	Shroeder	Schroeder
Place of Birth	Canyon County -City omitted	~~Payette County Payette, Id~~

Subscribed and sworn to before me this 7th day of Sept, 19 71

Notary Public, residing at Boise

My commission expires 4-22-74

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage Certificate of parents gives name of father as John C. Geissler and mother as Mary Schroeder. Married in Payette, Canyon County, Idaho on Feb. 13, 1907.
Viewed by V.S.

Baptismal Record on Annette Eleanor gives name of parents as John C. Geissler and mother - Mary Schroeder. Annette Baptized Dec. 28, 1913 in Payette, Canyon County, Idaho.
Viewed by V.S

PLACE STAMP

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ..... St.

Hospital .....

Registration District No. 4 File No. 18286

Primary Registration District No. 1008 Registered No. 298

FULL NAME OF CHILD Anita Hildgard Siegel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.				Yes	Dec. 30/1913

FATHER	MOTHER
FULL NAME: John F. Siegel	FULL MAIDEN NAME: Hattie Waltersdorft
RESIDENCE: Payette, Ida	RESIDENCE: Payette, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Iowa
OCCUPATION: Night Watchman	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Phys. (Physician or midwife)

Address Payette, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 30. 1913 J.C. Woodward Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1944

Dup 001913-395619

793-228
034-413

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

Registration District No. 18 File No. 18287

Primary Registration District No. 2102 Registered No. 17

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov 28 1913

FATHER

FULL NAME: J. Eickring

RESIDENCE: Heyburn

COLOR: White AGE AT LAST BIRTHDAY: 64 (Years)

BIRTHPLACE: England

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Matthews

RESIDENCE: Heyburn

COLOR: White AGE AT LAST BIRTHDAY: 44 (Years)

BIRTHPLACE: England

OCCUPATION:

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. R. Killen M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 10 1913 C. R. Killen

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

63 - 126 - 034 - 635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of _____ Registration District No. 18 File No. 18288

No. _____ St. Primary Registration District No. 2102 Registered No. 16

Hospital _____

FULL NAME OF CHILD Ellen Fulton Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Nov. 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	M. E. Watson	FULL MAIDEN NAME	Lula Fleischer
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	[redacted] North Carolina	BIRTHPLACE	[redacted] Penn.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. R. Killen M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address _____

Filed Dec 10 1913 O. R. Killen

_____ Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Heyburn

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 18289

Primary Registration District No. 2102 Registered No. 13

FULL NAME OF CHILD KENNETH RAY Tanner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Nov. 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Emery Tanner	FULL MAIDEN NAME	Levee Hjorth
RESIDENCE	Heyburn, Ida.	RESIDENCE	Heyburn, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9.30 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Burley, Ida.

Filed Dec 10 1913 V. R. Killen
Registrar

Registrar

S-Y CO. 24695

NOV 18 1942

SEP 25 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18289

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Kenneth Ray Tanner (Name on Original Certificate) who Born (Was Born or Died) on Nov. 1, 1913 (Date of Event)
in home Heyburn (Place of Event) Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family record (Bible Record, Insurance Policy, Etc.) prepared on 1 Nov. 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Kenneth Ray Tanner

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Levee Vilate Hyorth Tanner (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of November, 1942

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Rupert, Idaho

My commission expires March 22-1943
(Seal)

(Street Address, City, State)

NOV 15 1968

JUN 22 1971

APR 9 1974

NOV 18 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Manitoba

City of ____

No. ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 18290

Primary Registration District No. 2102 Registered No. 15

FULL NAME OF CHILD John Edward Cattel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Nov. 25 1913

FATHER		MOTHER	
FULL NAME	J. R. Cattel	FULL MAIDEN NAME	Ida Stella Rocke
RESIDENCE	Hepburn	RESIDENCE	Hepburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 11 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killam M.D.

(Physician or midwife)

Address Hepburn.

Given names added from a supplemental report

....., 19.....

Filed Dec. 10 1913 V. P. Killam

Registrar

S-Y CO. 20174

Registrar

DEC '5 194

795-202-003-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1144 E. Lander St.

Hospital ---------

Registration District No. 84 File No. 6 18291

Primary Registration District No. 2161 Registered No. 273

FULL NAME OF CHILD Lucile Olivette Green

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	----		----	Yes	Nov. 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles C. Green	FULL MAIDEN NAME	Mary T. Barr
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Hartville, Missouri	BIRTHPLACE	Fuson, Missouri
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8:00 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19....

Filed Nov 12 1913 O B Steele
Registrar

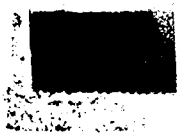
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



213-112-003-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 849 E. Center St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 6 18292

Primary Registration District No. 216 Registered No. 277

FULL NAME OF CHILD Baby Salisbury

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	11 12 1913

FATHER		MOTHER	
FULL NAME	Frank Elmer Salisbury	FULL MAIDEN NAME	Ida Zumbrunnen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Montpelier, Idaho
OCCUPATION	Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19...

.....
Registrar

(Signature) E. E. Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho

Filed Nov 15 1913 O. B. Treat
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

NAME			
RESIDENCE			
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)

234-104-003-669

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 357 N. Johnson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 6 18293

Primary Registration District No. 2161 Registered No. 878

FULL NAME OF CHILD Ezra Stanley Sluder

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 4th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Troy Mericus Sluder	FULL MAIDEN NAME	Dorsey Louise Fore
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Leicester N. C.	BIRTHPLACE	Alexander N. C.
OCCUPATION	Laborer Brick Plant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 4/13 at 10 35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 10, 1913 O B Steely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

709-108-603-291

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 4358 Grant St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 84 File No. 18294 C

Primary Registration District No. 2161 Registered No. 279

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Nov 8 1913

FATHER

FULL NAME: Jerry C. Garnaire

RESIDENCE: Pocatello,

COLOR: W. AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Walnut, Iowa

OCCUPATION: Conductor

MOTHER

FULL MAIDEN NAME: Carrie (Bradley

RESIDENCE: Pocatello Idaho

COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Lincoln Nebr

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Healy

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 17, 1913 O. J. Healy

Registrar

.....

Registrar

8-Y CO. 20174

365-116-003-#49

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-25-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. West Lewis St.

Hospital

Registration District No. 84 File No. 6-18295

Primary Registration District No. 2161 Registered No. 280

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Nov. 16 1913

FATHER	MOTHER
FULL NAME: Andrew J. Conner	FULL MAIDEN NAME: Bessie Smith (Harrell)
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Hawkins Co Tenn.	BIRTHPLACE: Hawkins Co Tenn
OCCUPATION: Teamster,	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was O T Steely (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O T Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Nov 18 1913

O T Steely
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. IL-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

818-116-003-893

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 239, N Arthur

Hospital

Registration District No. 84

File No. 618296

Primary Registration District No. 2161

Registered No. 281

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Nov. 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John A. Hayes	FULL MAIDEN NAME	Myrtle Hilbert
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Thomasville Georgia	BIRTHPLACE	Enterprise Morgan Co. Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Seely

(Physician or midwife)

Given names added from a supplemental report

19

Address Pocatello Idaho

Filed Nov 18 1913 O B Seely

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412 - 202
003 - 281

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18297

County of Bannock,
City of Pocatello,
No. 316 So. 5th St.
Hospital

Registration District No. 84 File No. 6
Primary Registration District No. 261 Registered No. 202

FULL NAME OF CHILD Maxine Welma Masero

Sex of Child Fem.
Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth
Legitimate? Yes
Date of Birth Nov. 2 (Month) (Day) 1918 (Year)

FATHER	MOTHER
FULL NAME Joseph A. Masero	FULL MAIDEN NAME Edith Florence Giannini
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Lucin Utah	BIRTHPLACE Ericha Utah
OCCUPATION Bookkeeper	OCCUPATION Housewife

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Treacy
(Physician or midwife)
Address Pocatello Idaho

Given names added from a supplemental report
.....19.....
Registrar

Filed 2004 19 13 O. J. Treacy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113 [redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. Ranch N Pocatello St.

Registration District No. 84 File No. 6 18298

Primary Registration District No. 2161 Registered No. 282

Hospital

FULL NAME OF CHILD M Ruth Jacobsen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Nov 29th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elias Jacobsen	FULL MAIDEN NAME	Florence Ardelle Leaker
RESIDENCE	Ranch N. Pocatello	RESIDENCE	Ranch N. Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Salt Lake City Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 29/13 (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 30 1913 O B Keeley Registrar

Registrar

S-Y CO. 20174

MAR 28 1949

35-227-003-639

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 84 File No. 18299

No. 358 N. Hayes St.

Primary Registration District No. 2161 Registered No. 283

Hospital

FULL NAME OF CHILD Marian Walters Cleare

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Nov 27th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter H Cleare	FULL MAIDEN NAME	Fanny R. Walters
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	London England	BIRTHPLACE	Wyoming, Ill.
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 27/13 at 3 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle

MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 29 1913 O B Steele Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 16 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 534 N. Main St.

Hospital

Registration District No. 84 File No. 18300

Primary Registration District No. 2161 Registered No. 284

FULL NAME OF CHILD Marjorie Donnellan

Sex of Child Female

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes.

Date of Birth Nov. 25 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Ray J Donnellan	FULL MAIDEN NAME Martha Loreen Packer
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello Idaho
COLOR W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE Dubuque Iowa	BIRTHPLACE Riverdale Idaho
OCCUPATION News Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O J Neely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 27 1913

O J Neely
Registrar

X Martha Loreen Packer

S-Y CO. 20174

FEB 28 [illegible]

SEP 1 6 1974

353-2

PLACE [redacted]

STATE OF [redacted]
DEPARTMENT OF [redacted] WELFARE
BUREAU OF VI[redacted]

County of Bannock
City of Pocatello
No. 516 N. Main St.
Hospital

AMENDED **CERTIFICATE OF BIRTH**

September 11, 1946
Registration District No. 84
File No. 18301
Primary Registration District No. 2161
Registered No. 285

FULL NAME OF CHILD Mary Telfer
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Nov. 28 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1
Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: James Telfer	FULL MAIDEN NAME: Lennie Margret Telfer
RESIDENCE: Minidoka, Idaho	RESIDENCE: Minidoka, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 41 (Years)
BIRTHPLACE: Heep, Scotland	BIRTHPLACE: Albion, Idaho
OCCUPATION: Sheep Man	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Dr. H. Smith Woolley
(Physician or midwife)
Address Pocatello, Idaho

Filed Nov. 30 1913 C. B. Steeley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18301

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Miriam Telfer	Mary Telfer

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed Fennie Telfer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed James Telfer
(Signature of Any Credible Person)

.....
Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SEP 11

SEP 19

Amended 4-30-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18302
Local Reg. No. 286
Reg. Dist. No. 84

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elizabeth
b. (Middle): Hudson
c. (Last): Christensen

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Nov. 30, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Orson
b. (Middle): Mads
c. (Last): Christensen

8. AGE (At time of this birth): 31 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Farmington, Utah
10. USUAL OCCUPATION: Foreman
11. KIND OF BUSINESS OR INDUSTRY: Store House

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): Elizabeth
c. (Last): Hudson

13. AGE (At time of this birth): 40 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Kaysville, Utah
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. A. Castle, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Pocatello, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 4, 1913
22. REGISTRAR'S SIGNATURE: O.B. Steely
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

MAR 2 9 1968
Bureau of Vital Statistics

Certificate No. 18302

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Mary Elizabeth Christensen (Name on Original Certificate) who was born (Was Born or Died) on Nov. 30, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Mary Elizabeth Christensen	Elizabeth Hudson Christensen

Subscribed and sworn to before me this 2nd day of March, 19 68

Notary Public, residing at Idaho Falls, Idaho

My commission expires 5-2-70
(Seal)

Signed George H. Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. 1 Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 19 68

Notary Public, residing at Idaho Falls, Idaho

My commission expires 5-2-70
(Seal)

Signed Adolph C. Christensen
(Signature of Any Credible Person)

Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6-1-67. one copy pd.

L.D.S. Church Cert. of Blessing, Feb. 1, 1914 gives full name of child as Elizabeth Hudson Christensen, daughter of Orson M. Christensen and Mary E. Hudson, born Nov. 30, 1913 at Pocatello, Idaho - viewed by V.S.

Marriage Certificate, State of Utah, County of Salt Lake, married Feb. 13, 1934 atSalt Lake City, Utah gives full name of groom as Leo "J" Cherry and full name of bride as Elizabeth Hudson Christensen - viewed by V.S.

295-217-003-236

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18303

County of Bannock

City of Pocatello

No. 1045 N Harrison St.

Registration District No. 84 File No. 6

Primary Registration District No. 2161 Registered No. 287

Hospital

FULL NAME OF CHILD Edna Louise Bremm

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		✓	Yes	Nov 17th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Arthur Bremm	FULL MAIDEN NAME	Edith Stoll
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Fargo N.D.	BIRTHPLACE	Burnt Fork, Wyoming
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Nov 17/13 at 2.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle
MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 22 1913 H B Steele
Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BREMM

Dup of 1913-233805

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

844-125-003-893

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 422 N. Buchanan St.

Hospital

Registration District No. 84 File No. 6 18304

Primary Registration District No. 2161 Registered No. 288

FULL NAME OF CHILD Harold Rudolph Humphries

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Nov 25th (Month) 4 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hyrum Lee Humphries	FULL MAIDEN NAME	Rena Hiller
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Durham N. C.	BIRTHPLACE	Barton N. D.
OCCUPATION	News Agent	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was [illegible] 25/13 at 5 45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

MD

(Physician or midwife)

Given names added from a supplemental report

Address Pocatello Idaho

19

Filed Nov 27 1913 [illegible]

Registrar

Registrar

S-Y CO. 20174

DEC 24 1942

911-210-003-695

PLACE OF BIRTH

[redacted]-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18305

County of Bannock

City of Pocatello

No. 1156 N. Hayes St.

Hospital

Registration District No. 84 File No. ~~[illegible]~~ 6

Primary Registration District No. 2161 Registered No. 289

FULL NAME OF CHILD Alma Caroline Raasch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Nov 10th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raymond Roscoe Raasch	FULL MAIDEN NAME	Sarah Catherine Finch
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Higginsville, Mo.	BIRTHPLACE	Marion Kansas
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive Nov 10/13 at 10 15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

H A Castle MD
(Signature)

P MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Pocatello Idaho

Filed Nov 15, 1913 O B Steely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

11-29-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18306

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Harold Phillip Finke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	7 29 1913

FATHER		MOTHER	
FULL NAME	John ~~Alfred~~ Finke	FULL MAIDEN NAME	Agnes Bernice Walsh
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Mo
OCCUPATION	Haybuyer	OCCUPATION	

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Twin Falls Ida

Filed 12-16 1913 John T. Brighton Registrar

S-Y CO. 20174

cc 3/17/41 RMF

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLAC[illegible]

Form V. S. No. [illegible]

City of 235-124

No. 042-897 St.

Hospital

Registration District No. 2085 File No. 18307

Primary Registration District No. Registered No.

FULL NAME OF CHILD Max Edward Stevens

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	9, 24, 1913

FATHER		MOTHER	
FULL NAME	Arthur E. Stephens Stevens	FULL MAIDEN NAME	Bessie Higgins
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed 12-16 1913

John W. Cughen

Registrar

B-Y CO. 20174

[illegible]

File No. 263

632-229-042-154

Form V. B. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18308

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Pearl Ida Elizabeth Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	10 29 1913

FATHER		MOTHER	
FULL NAME	John B. Olson	FULL MAIDEN NAME	Della Anderson
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Ida	BIRTHPLACE	Neb.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-16 1913 John W. Brighton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 16 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JUN 29 10 00 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss. Certificate No. 18308

County of LOS ANGELES } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Olson (Female)- (Name on Original Certificate) who was born (Was Born or Died) on 10-29-13 (Date of Event)

in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	omitted	Pearl Ida Elizabeth Olson

Subscribed and sworn to before me this 23rd day of June, 19 72

Notary Public, residing at Lancaster, Calif.

My commission expires June 6, 1975

(Seal)

VIVIAN W. CONKLIN
NOTARY PUBLIC - CALIF.
PRINCIPAL OFFICE
LOS ANGELES COUNTY
MY COMMISSION EXPIRES JUNE 6, 1975

Signed Clarence Burtenous Olson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

23014 Dolorosa St Woodland Hills Calif. 91364
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.

County of LOS ANGELES }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of June, 1972

Notary Public, residing at Lancaster

My commission expires June 6, 1975

(Seal)

VIVIAN W. CONKLIN
NOTARY PUBLIC - CALIF.
PRINCIPAL OFFICE
LOS ANGELES COUNTY
MY COMMISSION EXPIRES JUNE 6, 1975

Signed Pearl Ida Elizabeth Olson
Pearl Ida Elizabeth Kennepohl
(Signature of Any Credible Person)

44502 N Elm Lancaster Calif 93534
(Street Address, City, State)

FORM DH 60-155

CL 4/26/72 one cc pd. rec. # 35172

Family record gives name as Pearl Ida Elizabeth Olson born Oct. 29, 1913. Appears to be old. Viewed by V. S.

JUL 11 1972

Letter from Antelope Valley High School, Lancaster, CAlif. gives name as Pearl Ida Elizabeth Olson. Attended the school from Sept. 5, 1928 to June 19, 1931. Her birthdate is Oct. 29, 1913. Viewed by V. S.

165-112-042-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ~~Hansen~~

No. ..... St.

Hospital .....

Registration District No. 2085 File No. 18309

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Jonas Madison Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl E. Jones	FULL MAIDEN NAME	Naomi M. Starr
RESIDENCE	Hansen, Ida	RESIDENCE	Hansen, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Perry, Kansas	BIRTHPLACE	Denver, Col.
OCCUPATION	Plasterer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls, Idaho

Filed 11-15 1913 John L Coughlin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

119-042-968

PLACE OF BIRTH

County of Twin Falls.

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-Rev-4

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 18310

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Edward Lewis Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Nov 19 191

FATHER		MOTHER	
FULL NAME	Jas. Edward Williams	FULL MAIDEN NAME	Lillian Maud Royse
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arkansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 one on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) H. W. Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Filed 11-26 19 13 John W. Coughlin Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAY 22 1962

MAY 24 1962

DECEASED

367-205-042-466

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... *St.*

Hospital .....

Registration District No. 2085 **File No.** 18311

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Nov (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Tom Cogle	FULL MAIDEN NAME	Gertrude Moffit
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Tenn	BIRTHPLACE	Tenn
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T O Boyd

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls Idaho

Filed 14-10 1913 John F Coughlin Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 193-343816

793-211-042-313

Amended 7-14-72

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2085 File No. 18312

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Medena Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	6	Yes	Nov. 11 1913

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
	Hyrum Pickett		Minnie Dalman
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Farmer → Utah	BIRTHPLACE	Murtaugh
OCCUPATION	→	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Nov. 11 at 1:30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Morgan
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-12 1913 John W. Hughes
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

RECEIVED JUL 14 12 03 PM '68 BUREAU OF VITAL STATISTICS

Certificate No. 18312

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Pickett (girl child) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 11, 1913 (Date of Event)
in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible & Church (Bible Record, Insurance Policy, Etc.) prepared on date of baptism (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Medena Pickett
Child's Birthplace	Not Given	Murtaugh, Idaho
Father's name	Moroni Pickett	Hyrum Pickett

Subscribed and sworn to before me this 11th day of July, 1968

Notary Public, residing at Idaho Falls, Ida.
My commission expires January 28, 1972.
(Seal)

Signed Leonard Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #3 Box 176 Idaho Falls, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of July, 1968

Notary Public, residing at Idaho Falls, Idaho
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

104 East 21st Street
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155

CL 4-6-65. nm

JUL 14 1972

Application for Membership to the Society of Daughters of Utah Pioneers gives name as Medena Pickett Christensen born Nov. 11, 1913. Aplication issued August 1, 1952.
Viewed by V.S.

Certificate of Baptism and Confirmation gives name as Medena Pickett born Nov. 11, 1913 to Hyrum Pickett and Minnie Tolman in Murtaugh, Idaho
Viewed by V.S.

449-204-042-381

PLACE OF BIRTH
Amended 11/19/13

County of Twin Falls

City of

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 10-C—Rev. 6-11-13

Registration District No. 2085

File No. 18313

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Juanita Anne Murray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	3	yes	Nov. 4 1913

FATHER		MOTHER	
FULL NAME	Asal Murray	FULL MAIDEN NAME	Enga Albertina Chatstrom
RESIDENCE	Rock Creek	RESIDENCE	Rock Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	57	AGE AT LAST BIRTHDAY (Years)	47
BIRTHPLACE	Utah	BIRTHPLACE	Norway
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov. 8 at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Registrar

Address Twin Falls

Filed 12-12 1913

John A. Coughlin
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 2 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 1 1 00 PM '73

State of Idaho
County of Twin Falls } ss.

Certificate No. 18313

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Murray (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 4, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Murray	Juanita Anne Murray
father's last name	Murray	Murray
Birthdate	Nov. 3, 1913	Nov. 4, 1913

Subscribed and sworn to before me this 12th day of October 1973

H.E. Bamford
Notary Public, residing at Twin Falls, Idaho
My commission expires 11-1-77
(Seal)

Signed Elizabeth P. Murray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 281, Kimberly, Idaho 83341
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60. 155

CL 9/21/73

NOV 19 1973

Own child's birth certificate registration onf ile in Washington gives child's name as Thea Jean Emison. born Sept. 18, 1940. Father's name given as Charles Ralph Emison and mother's name as Juanita Anne Murray. (No. 528) Viewed by VS

School Census Marshall's report for Sept. 1922. gives name as Juanita Murray, age 8. father's name given as A. P. Murray. Viewed by V. S.

Letter from Lewis County Auditor, Chehalis, Washington gives name as Juanita A. Tupper. was registered to vote March 4, 1968. gives birthdate as Nov. 4,1913. and place of birth as Twin Falls, Idaho. Viewed by V. S.

Request for Statement of earning card gives name as Mrs. Juanita Anne Tupper born Nov. 4, 1913. (Social Secuirity No. 532 30 8565.) datedOct. 16, 1967 Viewed by V. S.

253 - 210 - 2042 - 693

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 2095 File No. 18314

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Gwynetha Beckley

Sex of Child: Girl | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth 11 (Month) 10 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Wm Arthur Beckley	FULL MAIDEN NAME: Georgianna Willis
RESIDENCE: Twin Falls	RESIDENCE:
COLOR: White	AGE AT LAST BIRTHDAY (Years): 20
COLOR: White	AGE AT LAST BIRTHDAY (Years): 18
BIRTHPLACE: Kan	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION:

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weaver

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 12-16 1913 John A Beckley

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 5 8 58 AM '73

State of ..... } ss.
County of .....

Certificate No. 18314

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Beckley (Female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1913 (Date of Event) in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Gwynetha Phyliss Beckley

Subscribed and sworn to before me this 2 day of January, 1973

Signed Lena G. Kunkle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kathleen B. Harrison
Notary Public, residing at 718 Shoshone E, Twin Falls, Ida.
My commission expires 10-14-73
(Seal)

346-6th Ave No - Twin Falls Ida 83301
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11/15/72 nm

Marriage License from Idaho gives groom's name as Lawrence Swenson and the bride's ~~nm~~ name as Gwynetha Beckley. Dated June 1, 1929. Viewed by V. S.

Social Security Card (518-42-5813) gives name as Gwynetha Swenson. Viewed by V. .S,

FEB 20 1973

MAY 1 1992

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

81[illegible]2-45

[illegible] No. 11-C—20m-2-15-12

STATE [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. St.

Hospital

Registration District No. 2085 File No. 18315

Primary Registration District No. Registered No.

FULL NAME OF CHILD ALBERT FRANKLIN HAYS

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy		2	yes	Nov. 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Wm E Hays	FULL MAIDEN NAME	ELIZABETH DUNKEN Tizzie Dunken
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Kimberly
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov. 16-13 (Born alive or stillborn) at 2 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls

Filed 12/12 1913 Johnson Coughlin Registrar

Registrar

8-Y CO. 20174

AUG 31 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18315

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Albert Franklin Hays
Mother's name	Lizzie ~~Dunken~~ DUNKEN	Elizabeth Dunken

Subscribed and sworn to before me this 29th day of August, 1942

William G. Comstock

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Elizabeth Fern Hays
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

SEP 3 1942

133-112-[illegible]-215

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18316

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Wendell Dale Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	11 12 1913

FATHER		MOTHER	
FULL NAME	Robt. R. Allen	FULL MAIDEN NAME	Alice E. Bandy
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	17
BIRTHPLACE	Ind.	BIRTHPLACE	Kan
OCCUPATION	Deliveryman	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Weave

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-16 1913 John W. Coughlin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible] 1970

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

[illegible]

689-2[redacted]2-299

PLAC[redacted]

Form V. [redacted]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18317

County of Twin Falls
" "

City of _____

No. _____ St.

Hospital _____

Registration District No. 1085

Primary Registration District No. _____

File No. _____

Registered No. _____

FULL NAME OF CHILD MARY ERNESTINE WHITE

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	11 20 1913

FATHER	MOTHER
FULL NAME James Ernest White	FULL MAIDEN NAME Florence Butler
RESIDENCE Twin Falls	RESIDENCE
COLOR White	AGE AT LAST BIRTHDAY 38 (Years)
COLOR	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Kan	BIRTHPLACE Colo
OCCUPATION Real Estate Agt.	OCCUPATION

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

Filed 12-16 1913 John Douglas Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 18317

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for no name (Name on Original Certificate) who Born (Was Born or Died) on Nov. 20, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by own knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Ernestine White

Subscribed and sworn to before me this 28th, day of May, 1942

Thomas V. Hall

Notary Public, residing at Twin Falls, Idaho

My commission expires January 28 1944
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P. O. Box 571, Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th, day of May, 1942

Thomas V. Hall

Notary Public, residing at Twin Falls, Idaho

My commission expires January 28, 1944
(Seal)

Signed [signature]
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 1 1942

JUN 3 1942

625-131-042-265

Form V. S. No. 11-C—40m-8-15-12

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18318

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	7 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wilber E. Obershaw	Etta Sarah Sova
RESIDENCE	Twin Falls	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Iowa	Kan
OCCUPATION	Laborer	

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

(Signature) C. W. Weaver

(Physician or midwife)

Address Twin Falls

Filed Dec. 16 1913 Johnst Craig

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

691-213-042-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18319

Registration District No. 1085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Frances Franks

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	2	yes	Nov. 13 1913

FATHER		MOTHER	
FULL NAME	Wm. T. Franks	FULL MAIDEN NAME	Leona L. Kidwell
RESIDENCE	Jarbridge	RESIDENCE	Jarbridge
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Texas	BIRTHPLACE	Wisconsin
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Nov. 13-13 at 2:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-12 1913 John P. Cughlin
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 9 1975

EICB

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
SEP 19 9 12 AM '75
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of LOS ANGELES } ss.

Certificate No. 18319
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Franks (female) (Name on Original Certificate) who was born (Was Born or Died) on Nov. 13, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As On Original)	TO (The Correct Facts)
child's name	Unnamed	Mary Frances Franks

OFFICIAL SEAL
MARY T. ZICHICHI
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My Commission Expires Oct. 2, 1975

Subscribed and sworn to before me this 15th day of September, 19 75
Mary T. Zichichi
Notary Public, residing at 525 N. Azusa Ave., Azusa, Ca.
My commission expires Oct. 2, 1975
(Seal)

Signed Dean S. Franks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
552 E Celeste St. Azusa Cal.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Los Angeles } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of September, 19 75
Mary T. Zichichi
Notary Public, residing at 525 N. Azusa Ave., Azusa, Calif.
My commission expires 10/02/75
(Seal)

Signed Margaret Franks
(Signature of Any Credible Person)
552 E. Celeste St. Azusa Calif.
(Street Address, City, State)

CL 8/18/75

FORM DH 60-155

Family Bible record gives name as Mary Francis Franks born nov. 13, 1913 at Twin Falls, Idaho. viewed by V. S.

Letter from Klamath Falls Public Schools, Klamath Falls, Oregon gives name as Mary Franks born Nov. 13, 1913. father's name given as William and mother's as Lillian. date of Registration Mar 2, 1925. viewed by V. S.

SEP 2 6 1976

396-122-042-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18320

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD John Eli Crouse

Sex of Child: Boy	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth: 11 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Raymond L Crouse	FULL MAIDEN NAME	Ella McLain
RESIDENCE	Twin Falls	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ia	BIRTHPLACE	Ia.
OCCUPATION	Carpenter	OCCUPATION	

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Weaver

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-16 1913 John F Creighton

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 2 3 1975

844-105-042-817

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18321

Registration District No. 1085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Clarence Heman Humphrey, Jr.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
boy		3	yes	Nov. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Clarence H. Humphrey	FULL MAIDEN NAME	Alice Haggard
RESIDENCE	Appleton Ida	RESIDENCE	Appleton, Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Nebraska	BIRTHPLACE	Chi
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Nov 5 1913 at 1.45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Morgan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-12 1913 John H Brighton

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

818-127-042-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... *St.*

Hospital .....

Registration District No. 7085 **File No.** 18322

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD John Emil Hahn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
m		yes	Nov 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Carl J Hahn	FULL MAIDEN NAME	Minnie Matzen
RESIDENCE	Twin Falls,	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Ill
OCCUPATION	Bank Cashier	OCCUPATION	House Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jos Boyd

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 12-10 1913 John F. Coughlin Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

795-212-042-446

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1823

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 1085 File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Lionella Lorene Pierce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	Nov 12 1913

FATHER		MOTHER	
FULL NAME	John A Pierce	FULL MAIDEN NAME	Nellie M Humfrey
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Boyd MD

(Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed 12-10 1913 John H. Coughlin Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Lee

City of " "

No. 414 7th ave E. St.

Hospital

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18324

Primary Registration District No. Registered No.

FULL NAME OF CHILD SHERMAN HOWARD Schwinn

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas B. Schwinn	FULL MAIDEN NAME	Della Barnett
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 20 PM M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Ida

Filed 11-28 1913 John H Coughlin Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate 18324 18324
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Sherman Howard Schwinn (Name on original certificate) who was born (Was born or died) on Nov. 21st 1913 (Date of event)
in Twin Falls (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on Nov. 21st 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Schwinn	Sherman Howard Schwinn

Subscribed and sworn to before me this 1st
day of December, 1941
S. D. McQueery
Notary Public, residing at Hendell, Ida
My commission expires Jan. 2-1944
[SEAL]

Signed Charles B. Schwinn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 23 195

AUG 9 1944

168-210-042-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-01-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 1085

File No. 18325

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital Twin Falls

FULL NAME OF CHILD Leona Torrine Johnson

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	11 10 1913

FATHER		MOTHER	
FULL NAME	Chris Ellis Johnson	FULL MAIDEN NAME	Bertha Mary Larsen
RESIDENCE	Hollister, Idaho.	RESIDENCE	Hollister, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Calmas, Iowa	BIRTHPLACE	Jackson, Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:20 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Sawyer, D.O.

Twin Falls, Idaho (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 11-15 1913 John L. Coughlin Registrar

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 14 1956

493-125042-249

PLACE OF BIRTH

[illegible] Form-2-15-12

[illegible]

BUR[illegible]

County of Twin Falls

City of " "

No. 720 4th Av. E St.

Registration District No. 1085 File No. 18329

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Meredith Eugene Dickerson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day)
Male		Yes	Nov 2[illegible]

FATHER		MOTHER	
FULL NAME	Harry C. Dickerson	FULL MAIDEN NAME	Jean M. Smith
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Pennsylvania
OCCUPATION	Works. Ostrander Lumber Co office	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8[illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls, Ida ho

Filed 12-30 1913 John W. Engl[illegible] Registrar

Given names added from a supplemental report

19

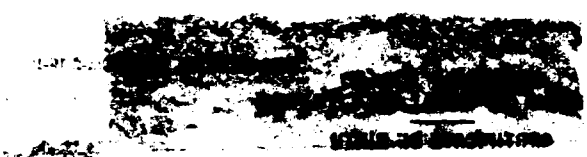
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



AUG 25 1958

168-129-042-415

Form V. S. Nor 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of " "

No. So. Park add. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1085 File No. 18327

Primary Registration District No. Registered No.

FULL NAME OF CHILD Dellmer Morris Johnston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Nov 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arvel Johnston	FULL MAIDEN NAME	Elma Davis
RESIDENCE	Thorn Creek Ida	RESIDENCE	Thorn Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Prescott, Arizona
OCCUPATION	Rancher	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 am M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

Address Twin Falls Ida

19

Filed 12-5 1913 John H Coughlin Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC issued Jan. 29, 1941 Z.j.

863-101-042-352.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18328

County of Twin Falls,

City of " "

No. Grantham St.

Registration District No. 1085 File No.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Laurence Monroe Holmes

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	7	Yes	Nov 1 1913

	FATHER	MOTHER
FULL NAME	John Holmes	FULL MAIDEN NAME Lydia Lisonbee
RESIDENCE	Twin Falls Ida	Twin Falls Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	34
BIRTHPLACE	Salt Lake City	Salt Lake City
OCCUPATION	Teamster	

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 11-10 1913 John F. Douglas
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 10-C—Rev. 5-15-42

STATE OF IDAHO
DEPT. OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

863-201-042-392

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. Grant Ave. St.

Hospital

Registration District No. 1085 File No. 18329

Primary Registration District No. Registered No.

FULL NAME OF CHILD

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	Twin		8	yes	Nov 1 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	John Holmes	FULL MAIDEN NAME	Lydia Lisonbee
RESIDENCE	Twin Falls Ida	RESIDENCE	Twin Falls -
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Salt Lake City
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 35 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Twin Falls Ida

Filed 11-10 1913 John W Cugler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

417-230-042-667

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 112 7th Ave E. St.

Registration District No. 1085 File No. 18330

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD Elizabeth Rachel Maxwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Maxwell	Elizabeth Rachel Hof
RESIDENCE	Twin Falls ~~Delaware~~	Twin Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	~~England~~ Canada	Canton, Ohio
OCCUPATION	Butcher	

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) H. W. Wilson M.D.

(Physician or midwife)

Address Twin Falls Ida.

Filed 12-4 19 13 John W. Coughlan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of more than one child at birth a **Separate Return** must be made for each, and the number of each, in order of birth.

BIRTH

City of Twin Falls

No. 444-113-642-745 St.

(If born in hospital or institution give name.)

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18331

Registration District No. ____ State File No. ____

Prim. Registration District No. ____ Local Registrar's No. ____

2. FULL NAME OF CHILD Roye Elbert Dudley

3. Sex: Male

If plural births: 4. Twin, triplet, or other ____ 5. Number, in order of birth ____

6. Premature ____ Full term ____

7. Legitimate? Yes

8. Date of birth November 13 1913 (Month, Day, Year)

FATHER

9. Full name: Ray Elbert Dudley

10. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Idaho

11. Color or race: Wh | 12. Age at last birthday: 22 (years)

13. Birthplace (city or place) (State or Country): Morrow County Ohio

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: ____

16. Date (month and year) last engaged in this work ____, 19____ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name: Blanche Puckett

19. Residence (usual place of abode) (If non-resident, give place and State): Twin Falls, Idaho

20. Color or race: Wh | 21. Age at last birthday: 17 (years)

22. Birthplace (city or place) (State or Country): Don't know

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: ____

25. Date (month and year) last engaged in this work ____, 19____ | 26. Total time (years) spent in this work ____

27. What prophylactic was used to prevent Ophthalmia Neonatorum? ____

28. Number of children of this mother (At time of this birth and including this child)
(a) Born alive and now living 1 (b) Born alive but now dead ____ (c) Stillborn ____

29. If stillborn, period of gestation ____ months or weeks

30. Cause of Stillbirth ____ During labor ____ Before labor ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born Alive 12: at ____ m. on the date above stated.
(Born Alive or Stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Give name added from a supplemental report ____ (Date of)

____ Registrar.

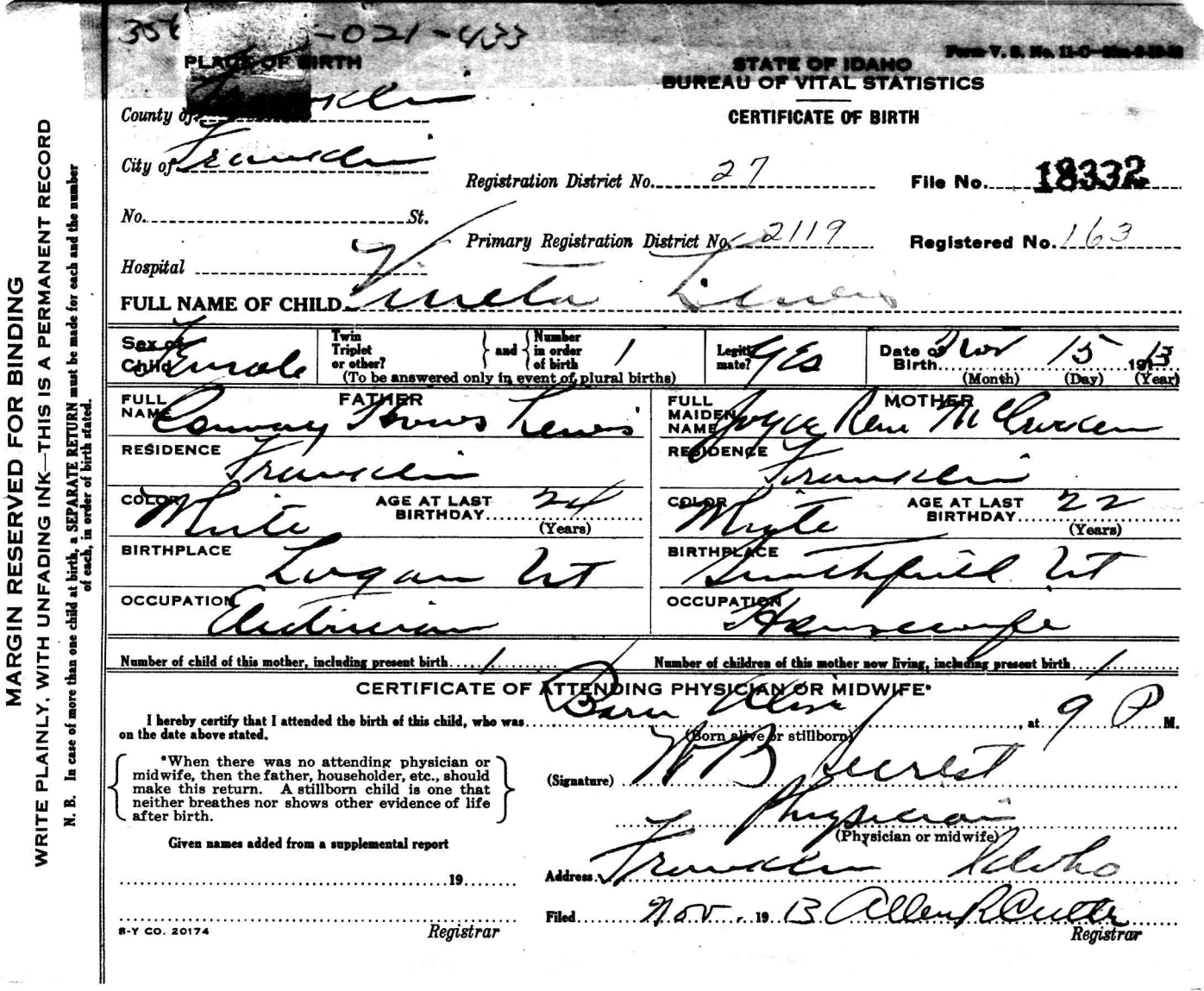
(Signed) John E White M D, M. D.

or ____, Midwife

Address Twin Falls, Idaho

Filed November 18, 1913 John H Coughlan Registrar.

Geol.
FEB 25 1942



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

356 -021-433

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Franklin

Registration District No. 27 File No. 18332

No. St.

Primary Registration District No. 2119 Registered No. 163

Hospital

FULL NAME OF CHILD Vineta Lewis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1	Yes	Nov 15 1913

FATHER		MOTHER	
FULL NAME	Conway Howes Lewis	FULL MAIDEN NAME	Joyce Rene McCracken
RESIDENCE	Franklin	RESIDENCE	Franklin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Logan Ut	BIRTHPLACE	Smithfield Ut
OCCUPATION	Auditorium	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B Secrest

Physician (Physician or midwife)

Given names added from a supplemental report

Address Franklin Idaho

19

Filed Nov 19 13 Allen R Cutler Registrar

Registrar

S-Y CO. 20174

AUG 3 0 1976

419-2 [redacted] 4-249

PLACE [redacted]

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Gooding

City of Wendell

Registration District No. 22 File No. 18333

No. — St.

Primary Registration District No. 2018 Registered No.

Hospital —

FULL NAME OF CHILD Mary Esther Mathes

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	—	one	yes	Nov 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert E Mathes	FULL MAIDEN NAME	Margaret M Smith
RESIDENCE	Wendell	RESIDENCE	Wendell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Newark N.J.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H E Lamb

M D (Physician or midwife)

Given names added from a supplemental report

19

Address Wendell Idaho

Registrar

Filed Dec 21 1913 H E Lamb Registrar

F-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-30m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

[redacted]

APR 6 1966

632-227
029-493

PLACE OF BI[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of La[redacted]

City of Deary

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 18334

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Beverly Olson

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F.	✓		✓	Yes	Nov. 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Emory Olson	FULL MAIDEN NAME	Kate G. Miller
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W. AGE AT LAST BIRTHDAY 44 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Ill.
OCCUPATION	Gen. Midse	OCCUPATION	H. W.

Number of child of this mother, including present birth 5th Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Deary

Filed 11/29 1913 P. C. Faust
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 19

866-204
042-795

PLACE OF BIRTH

Form V. S. No. 15-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister

Registration District No. _____ File No. 18335

No. _____, _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruth Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Second	Yes	Nov. 4, 1913

	FATHER	MOTHER
FULL NAME	Robert R. Hoyord	FULL MAIDEN NAME Laura Griffith
RESIDENCE	Hollister Idaho	RESIDENCE Buhl, Idaho,
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	McKinney - Texas	BIRTHPLACE Mesa - Colorado
OCCUPATION	Hardfier.	OCCUPATION Farmer's Wife,

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Jarrett

Physician

(Physician or Midwife)

Address Hollister, Idaho,

Given names added from a supplemental report

....., 19.....

Filed Nov. 19 13

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [redacted] 8-9-11

STATE OF IDAHO

[redacted]

PLACE OF BIRTH

FEB 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of _____

City of Rogerson

No _____, _____ St.

Hospital _____

Registration District No. _____ File No. 18336

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD Beulah May Helmick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	X	1st	Yes.	Oct. 31 1913

FATHER	MOTHER
FULL NAME Clyde Helmick	FULL MAIDEN NAME Lisa L. West
RESIDENCE Rogerson - Idaho.	RESIDENCE Rogerson - Idaho.
COLOR White AGE AT LAST BIRTHDAY 21 (Years)	COLOR White AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Stella Neb.	BIRTHPLACE Goodland - Kan.
OCCUPATION Farmer	OCCUPATION Farmer's Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Passett M. D.
Physician

(Physician or Midwife)

Address Hollister, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Oct 19 13

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 18336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Beulah May Helmick (Name on Original Certificate) who born (Was Born or Died) on Oct. 31, 1913 (Date of Event) in Rogerson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's birth certificate Id no #271339 School diploma (Bible Record, Insurance Policy, Etc.) prepared on June 21, 1956 July 17, 1929 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) Viewed by V. S.	TO (The Correct Facts)
Child's Name	No name	Beulah May Helmick.

Subscribed and sworn to before me this 25th day of June, 1956

Notary Public, residing at Seattle

My commission expires 4-26-58
(Seal)

Signed Susie Helmick
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1112 W. Cremona Seattle, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash.
County of King } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of June, 1956

Notary Public, residing at Seattle

My commission expires 4-26-58
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

1545 Lindy Lane Twin Falls, Idaho
(Street Address, City, State)

FORM DPH 55. 155

861-212-009-135

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

[redacted] ATE OF IDAHO
OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

TIFICATE OF BIRTH

Registration District No. 74 File No. 18337

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Marian Rose Hoagland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Nov. 12 — 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Hoagland	Alice Alverson
RESIDENCE	Bonners Ferry	Bonners Ferry.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Minn.	Wis.
OCCUPATION	Stenographer.	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry, Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

..... 19.....

Filed Nov. 16 — 1913. E. E. Fry, Registrar

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

432-213-011-55-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79 File No. 18338

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Mabel May Elenor McKenzie

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 13 1913

FATHER		MOTHER	
FULL NAME	Hector McKenzie	FULL MAIDEN NAME	Eva Irene Newton
RESIDENCE	Curley Creek, near Bonners Ferry Idaho	RESIDENCE	Curley Creek, near Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nova Scotia, Great Britain	BIRTHPLACE	Bonners Ferry, Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hector McKenzie

(no physician or midwife in attendance)

(Physician or midwife)

Address Bonners Ferry, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Nov. 16th 1913. E. E. Fry

Registrar

..... Registrar

S-Y CO. 20174

JUL 2 1 1975

SECRET

698 - 114-009-913

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 79

File No. 18339

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Wesley Martin Fry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Adelbert C Fry.	FULL MAIDEN NAME	Rebecca E. Ratcliff
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:50 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry

Filed Nov. 16 1913.

E. E. Fry
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 4 1975

ESRO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-[illegible]-009-419

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 79 File No. 18340

No. —— St.

Primary Registration District No. 2156 Registered No.

Hospital —— Warren Russell

FULL NAME OF CHILD ~~Infant~~ Cane

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	4	4	Yes	Nov. 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Dell Cane	FULL MAIDEN NAME	Mary Martin
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Ingram

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry

Filed Nov. 14 1913 E. F. Fm. Registrar

Registrar

S-Y CO. 24655

DEC 2 3 1947

259-216-009-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner.

City of Copeland.

No. ..... St.

Hospital .....

Registration District No. 79 File No. 18341

Primary Registration District No. 2156. Registered No. .....

FULL NAME OF CHILD Alfhild Kerr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—	—	—	yes	Nov. 16th 1913. (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Kerr.	FULL MAIDEN NAME	Marie Thompson,
RESIDENCE	Copeland, Idaho.	RESIDENCE	Copeland, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38. (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Michigan.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1.20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Kerr
(Father)
(Physician or midwife)

Given names added from a supplemental report

Alfhild 19.....

Registrar

Address .....

Filed Dec. 26th 1913. E E Fry.
Registrar

E-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

128-217-009-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 79 File No. 18342

No. — St.

Primary Registration District No. 2156 Registered No.

Hospital

FULL NAME OF CHILD ~~Infant~~ Meredith Maud Ashby

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	1st	1st	Yes	Nov 17 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Shirley W. Ashby	FULL MAIDEN NAME	Maud Harvey
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Book Keeper	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 11/17/13 9 AT at 2:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Ingram
Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Bonners Ferry, Ida.

Filed Nov. 20 1913. E. E. Fry
Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bonner

City of Meadow Creek

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 18343

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Elwood D. Stockton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Nov. 17 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar Bart Stockton	Ica Velna Banta
RESIDENCE	Meadow Creek, Bonner Co.	Meadow Creek, Bonner County.
COLOR	White	White
AGE AT LAST BIRTHDAY	22 (Years)	17 (Years)
BIRTHPLACE	North Carolina	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.

(Physician or midwife)

Address Bonners Ferry Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 1st 1913 E. E. Fry

Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Okanogan }

Certificate No. 18343
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Delmar Elwood Stockton (Name on original certificate) who was born (Was born or died) on Nov 17 1913 (Date of event)
in Meadow Creek Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Certificate (Bible record, insurance policy, etc.) prepared on Nov. 18 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Delmar Elwood Stockton	Elwood D. Stockton

Subscribed and sworn to before me this 11th day of October, 1941

[signature]
Notary Public, residing at Okanogan, Wash.
My commission expires Sept. 21, 1944
[SEAL]

Signed Velma Stockton Palmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Mother

Pine St. Okanogan, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Okanogan }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 1941

[signature]
Notary Public, residing at Okanogan, Wash.
My commission expires Sept. 21, 1944
[SEAL]

Signed Wilda Ervin
(Signature of any credible person other than the previous affiant.)

5th Ave & Pine St. Okanogan, Wash.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 16 1941

AUG 2 0 1975

966-223-009-713

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 79 File No. 18344

No. ____ St. Primary Registration District No. 2156 Registered No. ____

Hospital Bonners Ferry

FULL NAME OF CHILD. Esther Agnes Rookey.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Nov. 23 1913

FATHER

FULL NAME Daniel Francis Rookey.

RESIDENCE Bonners Ferry, Ida.

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Cornwall Canada

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME May Margaret Galvin.

RESIDENCE Bonners Ferry Ida.

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Casco, Wisconsin

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3'45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.
(Physician or midwife)

Address Bonners Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov. 24th 1913 E. E. Fry.
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1953

859-225-009-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 79 File No. 18345

No. ..... St.

Primary Registration District No. 2156 Registered No. .....

Hospital Bonners Ferry Hospital

FULL NAME OF CHILD Hellie Frances Yerkes.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Joseph Yerkes	FULL MAIDEN NAME	Mina Catherine Campbell.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Laclede, Idaho.
OCCUPATION	Laborers (Saw mill)	OCCUPATION	Housewife

Number of child of this mother, including present birth one Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:04 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry.

Filed Nov. 26th 1913 E. E. Fry Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 17 1942

255-201-009-462

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Naples

No. ..... St.

Hospital .....

Registration District No. 79

File No. 18346

Primary Registration District No. 2156

Registered No. .....

FULL NAME OF CHILD Terressie Annie Kennison

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Bertram E. Kennison	FULL MAIDEN NAME	Annie Elizabeth Dobson
RESIDENCE	Kooskia, Idaho	RESIDENCE	Kooskia, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Oklahoma
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:52 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

(Physician or midwife)

Address Bonners Ferry, Idaho

Filed Dec. 2nd 1913

E. E. Fry
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 21 1973

DECEASED

255-114-009-469

Form V. S. No. 11-C—20m-6-15-12

PLACE OF BIRTH

County of Bonner

City of Moravia

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 79 File No. 18347

Primary Registration District No. 2156 Registered No. .....

FULL NAME OF CHILD Percy Lovaine

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 14 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Benson	FULL MAIDEN NAME	Julia Morkeberg
RESIDENCE	Moravia, Idaho	RESIDENCE	Moravia, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Denmark
OCCUPATION	Locomotive engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bonners Ferry, Ida.

Filed Dec. 15th 1913. E. E. Fry Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 11 1976

842-18-009-295

Form V. S. No. 11-C—20th-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Registration District No. [redacted]

Primary Registration District No. 2156

File No. 18348

Registered No. .....

Hospital .....

FULL NAME OF CHILD James Franklin Hubbard.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 19 1913

FATHER		MOTHER	
FULL NAME	James Hubbard	FULL MAIDEN NAME	Zelda Maud Brewer
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Stauffer M. D.
(Physician or midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 20th. 1913 E. E. Fry
Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

Registration District No. _____ File No. 18349

No. 319-226-014-419 St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Ruth L. Carlock

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
fem.	—		—	yes	Nov. 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jay J. Carlock	FULL MAIDEN NAME	Anna Manning
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Given names added from a supplemental report

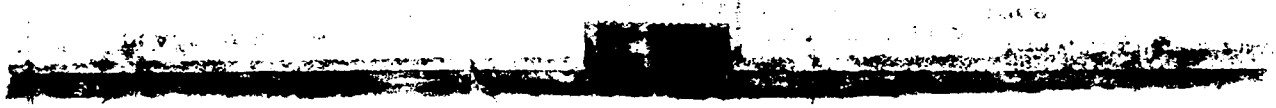
_____ 19__

Address Parma, Ida.

Filed 12/16 1913 R. J. Lucas

Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

117-014-259

Form [redacted]-1-1-13

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. _____ File No. 18350

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD HOWARD GEORGE DICE

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M-	✓		✓	Yes	12 (Month) 17 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chas. A. Dice	FULL MAIDEN NAME	Anna Seif
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ill	BIRTHPLACE	Ill
OCCUPATION	Ranch	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:10 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Owen

M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Parma Idaho

Filed 12/17 1913 R. J. Owen
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 14 1942 Certificate No. 18350

County of Ada } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for no name given (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 12-17-1913 (DATE OF EVENT)

in Parma, Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by Chas A Dice (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	no name given	Howard George Dice

Subscribed and sworn to before me this 15th

day of January, 1942

J. M. McClusky

Notary Public, residing at Boise Idaho

My commission expires June 1945

(SEAL)

Signed Chas. A. Dice

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By .....

(REGISTRAR'S SIGNATURE)

MAR 3 1 1944

Amended 3-19-59

PLACE OF BIRTH

271-116-014-418

County of Canyon

City of Parma

No. ..... St.

Hospital At Home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18351

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Norman Earl Sparks

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov. 16, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	James Sparks	FULL MAIDEN NAME	Nora C. Day
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) William E. Waldrop

(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192....

.....
Registrar.

Filed 12-30-1913 R.L. Cluan
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Registration Certificate for Selective Service - October 16, 1940 gives name as Norman Earl Sparks, viewed by V.S. and Notice of Classification, for gives name as Norman Earl Sparks, Order No. 713 class IV-A - Sept. 17, 1945 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

MAR 11 1959 Selective Service
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Ida
County of Canyon } ss.

Certificate No. 18351

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Earl Sparks (Name on Original Certificate) who born (Was Born or Died) on Nov. 16, 1913 (Date of Event) in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 16 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Earl Sparks	Norman Earl Sparks
Birthplace	Not given	Parma

Subscribed and sworn to before me this 9th day of March, 1959

Notary Public, residing at Caldwell Ida
My commission expires 7-6-61
(Seal)

Signed Mrs Nora Sparks
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

619 Belmont Caldwell Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ida
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 1959

Notary Public, residing at Caldwell Ida
My commission expires 7-6-61
(Seal)

Signed Naomi Keys
(Signature of Any Credible Person)

1923 Lansing Caldwell Ida.
(Street Address, City, State)

FORM DPH 55.155 CL 3-5-59. one copy pd.

138-113-014-154

PLACE OF BIRTH

Form V. S. No. 11—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No.

File No. 18352

No. St.

Primary Registration District No.

Registered No.

Hospital

FULL NAME OF CHILD Arthur Nelson Athey

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	Dec 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Athey	FULL MAIDEN NAME	Mable Anderson
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ont	BIRTHPLACE	N. D.
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4 05 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W E Waldorf M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma Idaho

Filed 19/30 1913 R J Cuen

Registrar

Registrar

S-Y CO. 24656

N. B. In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth stated.

JUN 3 1942

MAY 31

FEB 11 1970

645-128-014-255

Form V. S. No. 11—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of

No. St.

Hospital

Registration District No.

File No. 18353

Primary Registration District No.

Registered No.

FULL NAME OF CHILD Kenneth Odekirk

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	One		5	yes	Dec 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde D. Odekirk	FULL MAIDEN NAME	Clara Benjamin
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	Ill
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4-30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Waldorf M.D.

(Physician or midwife)

Given names added from a supplemental report.

19

Address Parma Idaho

Filed 12/30 1913

Registrar

Registrar

S-Y CO. 24656

of each, in order of birth stated.

OCT 14 1941

SEP 14 1971

18353

285 [illegible]

[illegible] 11-[illegible]-1-1-13

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... *St.*

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATI[illegible]

CERTIFICATE OF BIRTH

Registration District No. ..... **File No.** 1[illegible]54

Primary Registration District No. ..... **Registered No.** .....

FULL NAME OF CHILD RICHARD DWIGHT SHELTON

Sex of Child	Twin Triplet or other [illegible] and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	Yes	Dec 30 1913

FATHER		MOTHER	
FULL NAME	Fra Shelton	FULL MAIDEN NAME	Alice Sutton
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Ind.	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible], M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Parma [illegible]

Filed 12/30 19[illegible]

..... Registrar

8-Y CO. 24656

E OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 18354
County of Canyon } FEB 2 1942 Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Unnamed Child (BIRTH OR DEATH) for Unnamed Child (NAME ON ORIGINAL CERTIFICATE) who Stillborn (WAS BORN OR DIED) on Dec. 30, 1913 (DATE OF EVENT) in Parma (PLACE OF EVENT), Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Unnamed	Richard Dwight Shelton

Subscribed and sworn to before me this 27th day of January, 1942.

E. W. Crawford
Notary Public, residing at Parma Idaho
My commission expires 1-20-44
(SEAL)

Signed Mrs Ira Shelton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Parma Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of January, 1942.

E. W. Crawford
Notary Public, residing at Parma Ida
My commission expires 1-20-44
(SEAL)

Signed Orville Nelson Dutton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Parma Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 3 1942 By
(REGISTRAR'S SIGNATURE)

349-167-019-318

PLACE OF BIRTH

Amended 6-16-60

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ____ St.

Registration District No. 14 File No. 18355

Hospital Challis Primary Registration District No. 2061 Registered No. 104

FULL NAME OF CHILD Clinton Eugene Curtis
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	Nov. 7 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Erastus Franklin Curtis	FULL MAIDEN NAME: Exia Taylor
RESIDENCE: Clayton	RESIDENCE: Clayton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

.....
Registrar.

(Signature) J. W. Kelley

M.D.
(Physician or midwife)

Address Challis

Filed 11-15-13 C. L. Kirtley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18355

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed Curtis (Name on Original Certificate) who was born (Was Born or Died) on November 7, 1913 (Date of Event) in Challis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (on back) (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	unnamed Curtis	Clinton Eugene Curtis
Father's name	Frank Curtis	Erastus Franklin Curtis

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of May, 1960.

Signed Ephraim D. Sutcliffe
(Signature of Any Credible Person)

Notary Public, residing at Boise, Idaho
My commission expires Sept. 26, 1964
(Seal)

1401 Mountain Boise Idaho
(Street Address, City, State)

FORM DPH 55.155 3-22-60

Notarized statement from Northern Pacific Railway Company/dated Sept. 5, 1950 regarding application for employment, gives name of child as Clinton Eugene Curtis. Viewed by VS
Social Security- Carrier Employee Registration(with railroad) dated Dec. 31, 1936, gives child's name as Clinton Eugene Curtis. Viewed by V.S.
Photostatic copy of application for Equitable Life Assurance, dated April 7, 1937, gives father's name as Erastus Franklin Curtis. Viewed by V.S.
Another child's birth certificate dated Feb. 1, 1946, gives name of father as Erastus Franklin Curtis. Viewed by V.S.

365-223-019-168

PLACE OF BIRTH

Form V. S. No. 11-U—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 14 File No. 18356

Primary Registration District No. 2061 Registered No. 105

FULL NAME OF CHILD Golda Florence Loveland

Baby Loveland

Sex of Child female	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Nov 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. E. Loveland	FULL MAIDEN NAME	Emma Johnson
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	white AGE AT LAST BIRTHDAY 32 (Years)	COLOR	white AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Kelley

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Challis

Filed 12/1 1913 C L Kirtley Registrar

R-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C- [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

ITH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

FEB 13 1968

State of ..... } ss.
County of ..... }

Certificate No. 18356

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Loveland (female child) (Name on Original Certificate) who was born (Was Born or Died) on November 23, 1913 (Date of Event)

in Challis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Golda Florence Loveland

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....

My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Carbon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of February, 1968

Signed Mary F. Simmons (Signature of Any Credible Person)

Notary Public, residing at Wellington Utah

My commission expires Sept 29 1969
(Seal)

Wellington Utah (Street Address, City, State)

FORM DN 60-155

CL 8-4-66. nm

Own child's birth certificate. On file Idaho, State File #264874, child born March 3, 1938, gives name of mother as Golda Florence Loveland - viewed by V.S.

APR 30 1968

LDS Church Cert. of Birth, entered on record July 19, 1914, gives full name of child as Golda Florence Loveland, born Nov. 23, 1913 at Challis, Idaho to George Elmer Loveland and Emma J. Johnson - viewed by VS.

JUL 21 1975

666-126-019-967

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ..... St.

Hospital .....

Registration District No. 14 File No. 18357

Primary Registration District No. 2061 Registered No. 107

FULL NAME OF CHILD Chas. Barker Waad.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 26 1913

FATHER		MOTHER	
FULL NAME	Jno. A. Waad.	FULL MAIDEN NAME	Vada Rogers.
RESIDENCE	Bonanza.	RESIDENCE	Bonanza.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Forest ranger.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M. D.
(Physician or midwife)

Address Challis

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov 6 1913 C. S. Hartley Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 19

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Custer

City of Clayton

No. ..... St.

Hospital .....

Registration District No. 14 File No. 18358

Primary Registration District No. 2060 Registered No. 103

FULL NAME OF CHILD not

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Oct 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas Ernst	FULL MAIDEN NAME	Frances Cooper
RESIDENCE	Clayton	RESIDENCE	Clayton Ida
COLOR	wh. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	wh. AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Miner	OCCUPATION	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Ernst — father

Sadie Sullivan (Physician or midwife)

Given names added from a supplemental report

..... 19.....

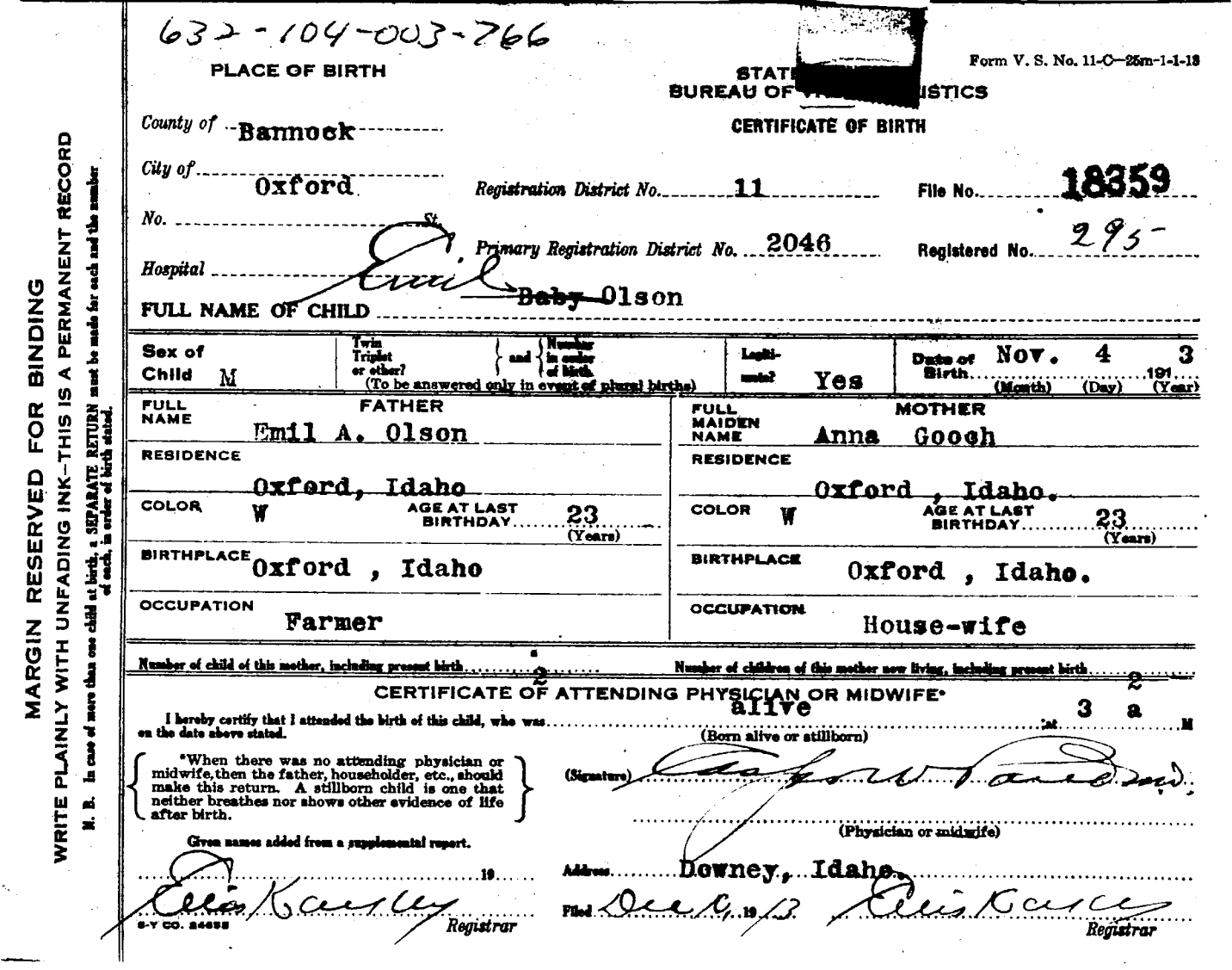
Address Clayton, Idaho

Filed Dec 3rd 1913 C. L. Kirtley Registrar

..... Registrar

S-Y CO. 20175

of each, in order of birth stated.



632-104-003-766

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STAT[redacted]
BUREAU OF [redacted]ISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

Registration District No. 11

File No. 18359

No. St.

Primary Registration District No. 2046

Registered No. 295

Hospital

FULL NAME OF CHILD Emil ~~Baby~~ Olson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Nov. 4 1913

FATHER		MOTHER	
FULL NAME	Emil A. Olson	FULL MAIDEN NAME	Anna Gooch
RESIDENCE	Oxford, Idaho	RESIDENCE	Oxford, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Oxford, Idaho	BIRTHPLACE	Oxford, Idaho.
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

19

Address Downey, Idaho.

Ellis Kasley Registrar

Filed Dec 6, 1913

Ellis Kasley Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-111-003-331

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

Registration District No. 11 File No. 18360

No. St.

Primary Registration District No. 2047 Registered No. 298

Hospital

FULL NAME OF CHILD Washington McClellan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ray McClellan	FULL MAIDEN NAME	Elizabeth Clark
RESIDENCE	McCammon Ida	RESIDENCE	McCammon Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oxford Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Cashier McCammon State Bank	OCCUPATION	House wife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. H. Cooper

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address McCammon Ida

Eric Hoerly Registrar

Filed Dec 10 1913 Eric Hoerly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

C--30m-7 18-12

1820

366-124-002 386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. _____ St.

Hospital _____

Registration District No. 11 File No. 18861

Primary Registration District No. 2048 Registered No. 802

FULL NAME OF CHILD Ruben Coombs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		Yes	Nov 24 1913

FATHER

FULL NAME David Joshua Coombs

RESIDENCE Perry

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Fountain Green Utah

OCCUPATION Blacksmith

MOTHER

FULL MAIDEN NAME Mary Lucy Thompson

RESIDENCE Perry

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Black River Falls Wis

OCCUPATION Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:5 P. M. on the date above stated.

(Signature) Mary Landgreen

Midwife (Physician or midwife)

Address Treasureton, Idaho

Filed Dec 19 1913 Ellis Kaercy Registrar

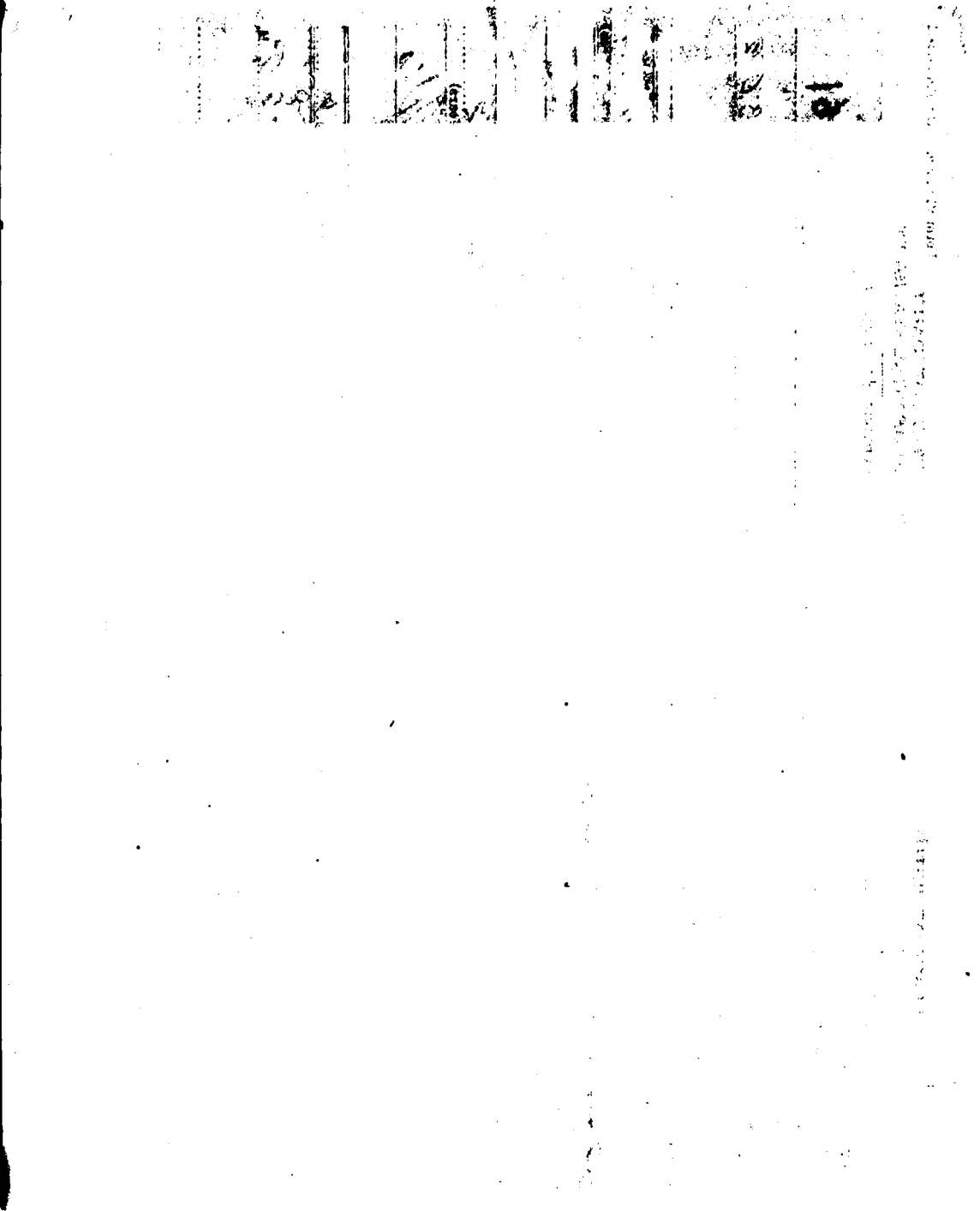
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

Ellis Kaercy Registrar

8-Y CO. 20174



319-220-003-515

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18362

Primary Registration District No. 2048 Registered No. 301

FULL NAME OF CHILD Olivia LaVelle Carpenter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
f		Yes	Nov 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	William Carpenter	FULL MAIDEN NAME	Ethel Vansickle
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft, Ida

Eliskarley Registrar

Filed Dec 10, 1913 Eliskarley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493-101-003-595

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18363

County of Bannock

City of Treasureton

No. ..... St.

Hospital .....

Registration District No. 11 File No. 292

Primary Registration District No. 2048 Registered No. .....

FULL NAME OF CHILD John Jasper Millington

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joshua Millington	FULL MAIDEN NAME	Kristine Nielsen
RESIDENCE	Treasureton	RESIDENCE	Treasureton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Bolton, Lancashire, England	BIRTHPLACE	Silkeborg, Jutland, Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton Idaho

Eris Kacky Registrar

Filed Dec 19 1913 Eris Kacky Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1988

791-111-003-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Perry

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18364

Primary Registration District No. 2048 Registered No. 291

FULL NAME OF CHILD Elwood Clyde Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Andrew Ames Gray	FULL MAIDEN NAME	Elva Lowisa Call
RESIDENCE	Grace	RESIDENCE	Grace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Trenton Utah	BIRTHPLACE	Elva Basia Co Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Landgreen

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Treasureton Idaho

Elis Kaney Registrar

Filed Dec 10 1913 Elis Kaney Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-225-003-3491

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Robin~~

City of Robin

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18365

Primary Registration District No. 2046 Registered No. 300

FULL NAME OF CHILD Millie Preston

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov. (Month) 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Leslie Wilson Preston	FULL MAIDEN NAME	Zoa Curtis
RESIDENCE	Robin, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or midwife)

Address Robin, Idaho.

Given names added from a supplemental report

..... 19.....

Eris Kaney
Registrar

Filed Dec 19 1913 Eris Kaney
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-1

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

DUP OF 1913 D 49-1374

168-230-003-963

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18366

Primary Registration District No. 2046 Registered No. 299

FULL NAME OF CHILD Ina Marie Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Nov. 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Fred E. Johnson	FULL MAIDEN NAME	Lena Rockwell
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sweeden	BIRTHPLACE	Denver, Colo.
OCCUPATION	Painter	OCCUPATION	House-wife,

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 1 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Pond M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey Ida

Ellis Kacy Registrar

Filed Dec 10, 1913 Ellis Kacy Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1972

33682

212-119

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Oxford

No. ——, —— St.

Hospital ——

Registration District No. 11 File No. 18367

Primary Registration District No. 2046 Registered No. 297

FULL NAME OF CHILD James Baker.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	[illegible]	Yes	Nov 19 191[illegible]

FATHER		MOTHER	
FULL NAME	Arthur T Baker	FULL MAIDEN NAME	Elizabeth Cox
RESIDENCE	Oxford Ida	RESIDENCE	Oxford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTH[illegible]	Oxford	BIRTHPLACE	England.
OCCUPATION	Farmer	OCCUPATION	Horse [illegible]

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1[illegible]0 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth Kendall

Midwife (Physician or Midwife)

Given names added from a supplemental report

Address Oxford Ida.

Filed Dec 10, 1913

Ellis Kaelly Registrar

Ellis Kaelly Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF DEATH

18367

154-210-003-855

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH Amended 4/4/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11

Primary Registration District No. 2056

File No. 18368

Registered No. 296

FULL NAME OF CHILD Maria May Anderson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Nov 10 1913

FATHER		MOTHER	
FULL NAME	Andrew N. Anderson	FULL MAIDEN NAME	Rachel Hendrickson
RESIDENCE	Downey, Idaho.	RESIDENCE	Downey, Idaho.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Sweden	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 4 a M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Downey, Idaho.

Filed Dec 10 1913

[signature] Registrar

[signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 2 8 57 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 18368

County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Miria May Anderson (Name on Original Certificate) who was born (Was Born or Died) on Nov. 10, 1913 (Date of Event)

in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Miria May Anderson	Maria May Anderson

Subscribed and sworn to before me this 21 day of March, 1974

[signature]

Notary Public, residing at Downey

My commission expires 11-1-76

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Downey, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of March, 1974

[signature]

Notary Public, residing at Downey

My commission expires 11-1-76

(Seal)

Signed [signature]

(Signature of Any Credible Person)

Downey Idaho

(Street Address, City, State)

FORM DH 60-155

CL 3/19/74 RSU RUSH!!!

Certificate of Birth XXX from the LDS Church gives name as Maria May Anderson sorn Nov. 10, 1 13 at Grant(Downey), Idaho gives father's name as Andrew N. Anderson and Rachel Henricksen. entered on record May 1, 1914. Viewed by V. S. APR 4 1974

Policy Change form from Bankers Life & Casualty Co. Chicago, Ill gives name as Maria A. Waddoups. of Logan Uta. dated May 26, 1969. Viewed by V. S.

758-224-003-243

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey.

No. ..... St.

Hospital .....

Registration District No. 11 File No. 18369

Primary Registration District No. 2046 Registered No. 294

FULL NAME OF CHILD Celia Ruth Gehring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth: (Month) (Day) (Year)
F			yes	Nov. 24 191 3

FATHER	MOTHER
FULL NAME: Jas. A. Gehring	FULL MAIDEN NAME: Georgia Butterfield
RESIDENCE: Downey, Idaho.	RESIDENCE: Downey, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Downey, Idaho.	BIRTHPLACE: San Diago , Cal,
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Downey, Idaho.

Given names added from a supplemental report. ..... 19....

Ellis Kaercher Registrar

Filed Dec 16, 1913 Ellis Kaercher Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

816-124-003-394

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Hawkins

Registration District No. 11 File No. 18370

No. ____ St.

Primary Registration District No. 2046 Registered No. 293

Hospital ____

FULL NAME OF CHILD Laura ~~Baby~~ Hawkins.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Nov. 24 3

FATHER	MOTHER
FULL NAME: Carl O, Hawkins	FULL MAIDEN NAME: Amanda Crump
RESIDENCE: Hawkins, Idaho.	RESIDENCE: Hawkins, Idaho.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: ~~38~~ 38 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: McCammon, Idaho.
OCCUPATION: Farmer	OCCUPATION: House-wife,

Number of child of this mother, including present birth: 8

Number of children of this mother now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Downey, ~~Idaho~~ Idaho.

Ellis Hawley
Registrar

Filed Dec 10, 1913

Ellis Hawley
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

T9310

331-204-014-434

PLACE OF BIRTH

STATE OF IDA[redacted]rm V. S. No. 11—10m-6-20-11

Bureau of Vital Sta[redacted]

CERTIFICATE OF [redacted]

County of Canyon

City of Emmett Registration District No. 2010 File No. 18371

No. ....., ... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Ruth Evalyn

Sex of Child Female	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate? yes	Date of birth 12 (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J.T.Clark	FULL MAIDEN NAME	Ethel McDowall
RESIDENCE	Emmett	RESIDENCE	same
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B C Clark

(Physician or Midwife)

Given name added from a supplemental report

....., 19....

Address Emmett Ida

Filed 1-5 1914 J L Reynolds Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

[redacted]

APR 17 1970

433-106-014-384

PLACE OF BIRTH

~~Amended~~ 5-12-75

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010

File No. 18372

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD John Reaveley McConnell, Jr.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	—	—	yes	12 (Month) - 6 (Day) - 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John McConnell	FULL MAIDEN NAME	Maud Lyman
RESIDENCE	Emmett Ida.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ida	BIRTHPLACE	
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Emmett

Filed 1-5 1914 J. L. Reynolds

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5 †2 75

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 12 2 22 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 18372

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McConnell (Name on Original Certificate) who was born (Was Born or Died) on Dec. 6, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	John Reaveley McConnell, Jr
Fathers name	McConnel	McConnell

Subscribed and sworn to before me this 12 day of May, 1975

Notary Public, residing at Idaho

My commission expires Sept 18, 1977

(Seal)

Signed Eleanor McConnell Summer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

701 East Ave B Jerome Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Family Record ; by mother obviously old gives father as John Reavely McConnell mother Maude Lillian Lyman , John Reavely McConnell born Dec. 6, 1913 at Emmett, Idaho.

Viewed by VS

Father death Certificate John Reavely McConnell died De. 1. 1941 at Hailey, Idaho, State file #127847.
Viewed by Vs

Record issued by the Idaho Elks Rehabilitation Hospital in Boise , Idaho gives name as John McConnel born Dec. 6, 1913 to Father - John. Admitted as patient on May 19, 1964 and Discharged June 5, 1964.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] -014-955

[redacted] BIRTH

[redacted] 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

C[redacted] Canyon

City of Emmett

Registration District No. 2010

File No. 18373

No. ....., ... St.

Primary Registration District No. 1010

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lauren Lester Bryan

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	—	—	yes	12 (Month) 11 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	HUBERT ~~Edw~~ Bryan	MYRTLE ~~XXXXXXXX~~ Reed
RESIDENCE	Unknown	Emmett Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	Dont know	35
BIRTHPLACE	Dont know	~~XXXXXXXXXXXX~~ WISCONSIN
OCCUPATION	Lumberjack	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Emmett Ida

Filed 1-5- 1914 J. R. Reynolds

Registrar

Registrar

S-Y CO., 16669

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 18373

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bryan (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Ed Bryan	Hubert Bryan
Mother's name	Mary Reed	Myrtle Reed
Name of child	Unnamed	Lauren Lester Bryan
Mothers birthplace	Idaho	Wisconsin

Subscribed and sworn to before me this 21st day of December, 1942

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45
(Seal)

Signed Myrtle Bryan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

SEP 2 1 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

625 [redacted]

PL[redacted]

11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of

Registration District No. 2010 File No. 18374

No. , St.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD ~~Katherine~~ KATHERYNE ~~Elizabeth~~ ELIZABETH ~~Obermeyer~~ OBERMEYER

Sex of Child Female	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth 12 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Obermeyer	FULL MAIDEN NAME	Katherine Ewing
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Ill	BIRTHPLACE	Wis.
OCCUPATION	Fruit grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark MD

(Physician or Midwife)

Given name added from a supplemental report

, 19

Address Emmett

Filed 1-5 1917 J. L. Reynolds Registrar

Registrar

S-Y CO., 16669

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 18374

County of San Mateo } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Katherine Elizibeth Obermeyer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN [redacted]) on December 13, 1913 (DATE OF EVENT) in Emmett, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Katherine Elizibeth	Katheryne Elizabeth Obermeyer
Mother's name	Kathrine	Katheryne Ewing

Subscribed and sworn to before me this 6th day of March, 1943

Signed Katheryne Obermeyer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1423 Maple St. San Mateo, Calif.

(STREET ADDRESS, CITY, STATE)

Deputy County Clerk and ex-officio Deputy Clerk of the Superior Court of the State of California, in and for the County of San Mateo.

Notary Public, residing at

My commission expires

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of San Mateo }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of March, 1943

Signed Fred M Johnson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1423 Maple St. San Mateo, Cal.

(STREET ADDRESS, CITY, STATE)

June M Lynch

Notary Public, residing at

My commission expires

(SEAL)

Deputy County Clerk and ex-officio Deputy Clerk of the Superior Court of the State of California, in and for the County of San Mateo.

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 24 1943

366-218-014-386

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett Registration District No. 2010 File No. 183[illegible]

No. ....., ... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Edrie Marie Coon

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	—	—	yes	12 (Month) 18 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ray R. Coon	FULL MAIDEN NAME	Etta Thomas
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark

(Physician or Midwife)

Address Emmett

Given name added from a supplemental report

....., 19.....

Filed 1-5 — 1918 J. L. Reynolds Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 1942

NOV 25 1946

DEC

464-119-014-364

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010

File No. 18376

No. ....., ... St.

Primary Registration District No. .....

Registered No. .....

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	yes	12 (Month) 19 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Ellis S Dougherty	FULL MAIDEN NAME	Amanda B. Coulter
RESIDENCE	French Ida	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... alive ..... at ~~[illegible]~~ 12 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address ..... Emmett

Filed 1-5-1914 J. L. Reynolds Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819 - 201-014-4111

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of _____ Registration District No. _____ File No. 18377

No. _____, _____ St. Primary Registration District No. _____ Registered No. _____

Hospital _____

FULL NAME OF CHILD Margaret Nathel Hartley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	**		**	yes	12- 1- 191.5

FATHER		MOTHER	
FULL NAME	Ray Irwin Hartley	FULL MAIDEN NAME	Syball Arminti Majors
RESIDENCE	Emmett Ida	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Wyo.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

_____, 19____

_____ Registrar

Filed 1-5- 19 19 J. A. Reynolds Registrar

S-Y CO., 10669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 1970

c.c. 6/16/41. w.h.

DECEASED

842-113-014-753

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 2010 File No. 18378

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Charles Emmett Hubbard

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	12-13-1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Samuel J Hubbard	FULL MAIDEN NAME	Edith Petit
RESIDENCE	Emmett	RESIDENCE	Emmett Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) No Physician

Mrs Philips Midwife (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-15 1913 J. L. Reynolds Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1976

ATTEST

291-110-014-653

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 18379

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Frank Alvin Bradley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 10 1913

FATHER		MOTHER	
FULL NAME	Ira Simpson Bradley	FULL MAIDEN NAME	Grace Welch
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Vida Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. H. Cummings

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 1-3- 1914 J. L. Reynolds Registrar

..... Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

238-221-014-394

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 2010 **File No.** 18380

No. ..... St.

Primary Registration District No. ..... **Registered No.** .....

Hospital .....

FULL NAME OF CHILD Marjorie

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Nov 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry D Schaenning	Virginia Catherine Lumbaugh
RESIDENCE	Emmett	Emmett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	46	28
BIRTHPLACE	Gasconade Germany	Bollinger Co Mo
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P M Cummings

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 1—3— 1914 J. L. Reynolds
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27 1942

USEE

312-201-014-574

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

vic City of Emmett

Registration District No. 2010 File No. 18381

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Lilly M Takeuchi

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Shigeya Takeuchi	FULL MAIDEN NAME	Iku Eguchi
RESIDENCE	Emmett Idaho	RESIDENCE	Emmett
COLOR	Brown	COLOR	Brown
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tsuruoka Japan	BIRTHPLACE	Tsuruoka Japan
OCCUPATION	Truck Gardener	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a.m. on the date above stated. 1 Certified copy 8/12/38 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. 1 Photostat copy 12/22/41

(Signature) R N Cummings

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Emmett Idaho

Filed 1—3 1914 J. L. Reynolds Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1969
JUN 15 1955

DEC 22 1941

Certified copy issued 8-12-38 PBA 6799

159-21-014-257

Amended 2-8-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18382
Local Reg. No.
Reg. Dist. No. 2010

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Emmett

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Zola

b. (Middle): Lula

c. (Last): Anderson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Dec. (Day) 11, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Chas.

b. (Middle): L.

c. (Last): Anderson

8. AGE (At time of this birth): 36 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Pittsburg, Pa.

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lula

b. (Middle): Estella

c. (Last): Knause

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Toelede, Kans.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 5

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. N. Cummings

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Emmett, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 1-3-1914

22. REGISTRAR'S SIGNATURE: J. L. Reynolds

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphillis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address 'ISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

2-4-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 18382

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Zola Lulu Anderson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1913 (Date of Event)
in Emmett, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on.....(Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Zola Lulu	Zola Lula Anderson

Subscribed and sworn to before me this 4 day of February, 19 66

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Earl Anderson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

314 E. 1st Emmett, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....

(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

12c paid Rec. #6711

2-4-1966

A childs birth certificate gives name of mother as Zola Lula Anderson. Child born June 11, 1935. Certificate # 233434.
Viewed by V. S.

Family Bible Record gives name as Zola Lula Anderson daughter of Charles L. Anderson and Lula Estella Knouse. Obviously old.

Viewed by V. S.

256-222-014-643

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 18383

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Margaret Ellen

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 22 1913

FATHER	MOTHER
FULL NAME Walter Knox	FULL MAIDEN NAME Carrie M Sutton
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Emmett Idaho	BIRTHPLACE Pittsburg Pa
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings MD

(Physician or midwife)

Address Emmett Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-3-1914 J K Reynolds Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 8 1952

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

Registration District No. 2010 File No. 18385

Primary Registration District No. 1010 Registered No. .....

FULL NAME OF CHILD Samuel James Riggs

Sex of Child male | Twin Triplet or other? (To be answered only in event of plural births) | and | Number in order of birth | Legitimate? yes | Date of Birth Oct 31 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Joel B Riggs	FULL MAIDEN NAME Lena R Restorick
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Boise Idaho	COLOR White
OCCUPATION Rancher	AGE AT LAST BIRTHDAY 41 (Years)
	BIRTHPLACE Walla Walla Wash
	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 IN A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummins

(Physician or midwife)

Address Emmett Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-3 1914 J. A. Reynolds Registrar

S-Y CO. 20174

JUN 5 1943

491-120-014-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

vic

City of Emmett

Registration District No. 2010 File No. 18386

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Howard Erwin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Oct 20 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Erwin E Draper	FULL MAIDEN NAME	Matilda E Larson
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Maroni Utah	BIRTHPLACE	Hering Denmark
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R N Cummings

MD (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Emmett Idaho

Filed 1-3-1914 J L Reynolds Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

75-6-129-014-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett — Registration District No. 910 — File No. 18387

No. ..... St. — Primary Registration District No. 1010 — Registered No. .....

Hospital .....

FULL NAME OF CHILD Jack Nelson Geopfert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Oct 29 1913

FATHER	MOTHER
FULL NAME Herman Geopfert	FULL MAIDEN NAME Nellie Florence Williams
RESIDENCE Emmett	RESIDENCE Emmett
COLOR White — AGE AT LAST BIRTHDAY 29 (Years)	COLOR White — AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Emmerson Iowa	BIRTHPLACE Seward Nebraska
OCCUPATION Telephone Manager	OCCUPATION Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Cummings

(Physician or midwife)

Address Emmett

Given names added from a supplemental report

..... 19.....

Filed 1-3 1914 J. A. Reynolds Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 20 1942

APR 21 1943

415-16
014-28
PLACE [illegible]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon
Vic
City of Emmett

Registration District No. 2010 File No. 18388

No. ..... St.

Primary Registration District No. ..... Registered No. .....

Hospital .....

FULL NAME OF CHILD Robert Walter Mann

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Oct 19 1913

FATHER

FULL NAME Walter Gillespie Mann

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE West Chester Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Nora Beard

RESIDENCE Emmett

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Boise Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. G. Cummings

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-3 1914 J. L. Reynolds Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

This is to certify that the following facts are true:

1. That my married name is Laura Nona Mann, and that my maiden name was Laura Nona Bross (and not Laura M. Smith as appears on your records);

2. That my husband's name is Walter Gillispie Mann;

3. That on October 19, 1913 there was born to my husband and me, a boy, named Robert Walter Mann, in Emmett, Idaho;

I hereby request you to correct your records accordingly.

Signed Laura N. Mann
Laura Nona Mann (Mrs)

Notorized _____

Subscribed and sworn to before me this
25 day of June, 1941
Byron Stevenson
Notary Public in and for the County of Los Angeles, State of California

864-229-014-995

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2010 File No. 18389

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Nina Marguerite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 29 1913

FATHER		MOTHER	
FULL NAME	Bismark Yaustter	FULL MAIDEN NAME	Crystal J Richetts
RESIDENCE	Sweet Idaho	RESIDENCE	Sweet Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Olathe Kans	BIRTHPLACE	Rock Island Ill
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Cummings

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed 1-8-1914 J. L. Reynolds Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUL 29 1942

8529

696-125-014-314

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of R. F. D. Pearl Ida Registration District No. 2010 File No. 18390

No. ....., ... St.

Primary Registration District No. 1010 Registered No. .....

Hospital .....

FULL NAME OF CHILD Orville Lauderbaugh Frost

Sex of Child	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	11 25 1913

FATHER		MOTHER	
FULL NAME	Clarence Elmer Frost	FULL MAIDEN NAME	Mamie E. Lauderbaugh
RESIDENCE	Pearl ~~Emmett~~ Ida.	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Hw.

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Emmett Ida

Filed 12-15- 1913 J. L. Reynolds Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3/20/41 L. B.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [redacted]

CERTIFICATE OF BIRTH

City of Emmett

Registration District No. 2010

File No. 18331

No. ....., ... St.

Primary Registration District No. 1010

Registered No. .....

Hospital .....

FULL NAME OF CHILD Fredrick Lee Orcutt Miles

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	## (To be answered only in event of plural births)		##	yes	11 (Month) 23 (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	Lee O. Miles	FULL MAIDEN NAME	Helen J. Gleason
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Given name added from a supplemental report

Address Emmett Ida

..... 19.....

Filed 12-15 1913 J. L. Reynolds Registrar

..... Registrar

S-Y CO., 16669

MAY 28 1951

DUP OF 1913 - 224712

893-118-001-423

PLACE OF BIRTH

County of Ada

City of Geary Station

No. ....., ... St.

Hospital .....

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

[redacted] -O-[illegible]-8-7-11

Registration District No. 10 Ch File No. 18392

Primary Registration District No. 2002 Registered No. 13

FULL NAME OF CHILD Edward Gilbert Hillmon

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male	9	yes	12-18-1913

FATHER		MOTHER	
FULL NAME	Washington Hillman	FULL MAIDEN NAME	Ida Mstfall
RESIDENCE	Geary Station	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	MO	BIRTHPLACE	MO
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas V [illegible]

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address The Mode

Filed 12-29 1913 L. B. Harris
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

[redacted]

STATE OF IDAHO

PLACE OF BIRTH

2 2 1

14-15-41

962-226-001-356

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18393

PLACE OF BIRTH

County of Ada

City of Star

*No*_____, _____ *St.*

Hospital _____

*Registration District No*_____ File No. 1

*Primary Registration District No*_____ Registered No. 13

FULL NAME OF CHILD Josephine Roberts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Oct 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E. Roberts	Laura Ferris
RESIDENCE	Star	Star
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	42
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Tingle M. D.

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 11-21 1913 O. W. Hall, M. D. Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

1 Copy Issued 10/22/40 M.P.

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18394

Registration District No. .....

File No. .....

Primary Registration District No. .....

Registered No. 14

FULL NAME OF CHILD Walter Marian Brownlee.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				Yes	Nov. 11 1912

FATHER	MOTHER
FULL NAME Earl Brownlee	FULL MAIDEN NAME Elva Maud Shelton
RESIDENCE Star Idaho	RESIDENCE Star Ida
COLOR W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR W. AGE AT LAST BIRTHDAY 21. (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Idaho
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Hall M.D.

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed 11-21 1913 C. W. Hall

..... Registrar

..... Registrar

S-Y CO. 20174

MAR 1 1957

464-112-001-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Star

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 18395

Primary Registration District No. ..... Registered No. 12

FULL NAME OF CHILD Harold Claude Douglas

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M.		yes	Oct. 12 1913

FATHER		MOTHER	
FULL NAME	Claude Hamilton Douglas	FULL MAIDEN NAME	Alta May Morgan
RESIDENCE	Star	RESIDENCE	Star
COLOR	W. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. Naugle M.D.

(Physician or Midwife)

Address Boise

Filed Nov 21 1913 O W Hall Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

OCT 12 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10 12 72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 11 44 AM '72

State of Idaho } ss.
County of Ada

Certificate No. 18395

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Douglas (Name on Original Certificate) who was born (Was Born or Died) on Oct. 12, 1913 (Date of Event)
in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Douglas	Harold Claude Douglas

Subscribed and sworn to before me this 12th day of October 1972

Signed Mrs. Laura E. Douglas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise

My commission expires Sept 15, 1976
(Seal)

3152 - N.E. 84th - Seattle, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1972

Signed Bruce E. Douglas
(Signature of Any Credible Person)

Notary Public, residing at Seattle

My commission expires 3/22/73
(Seal)

3152 NE 84th SEATTLE, WASHINGTON
(Street Address, City, State)

FORM DH 60-155

NOV 13 1972

Certified copy of birth certificate from Washington gives child's name as Bruce Claude Douglas. Box 12-2-45. Father's name given as Harold Claude Douglas and the wife's name as Laura Elizabeth Lanphere. Viewed by V. S.

Marriage Certificate from Nevada gives groom's name as Harold Claude Douglas and the bride's name as Laura Lanphere. Dated Oct. 28, 1938. Viewed by V. S.

693-119-021-619

PLACE OF BIRTH

County of Ada

City of Star Eagle,

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 18396

Primary Registration District No. ____ Registered No. 15

FULL NAME OF CHILD Chester Arthur Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Nov 19 1913

FATHER		MOTHER	
FULL NAME	Hiram W Williams	FULL MAIDEN NAME	Nettie Mae Dann
RESIDENCE	Eagle Ada Co Ida	RESIDENCE	Eagle Ada Co Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Hall M D

Star Idaho
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

..... Registrar

Address .....

Filed 11-21 19 13 C W Hall Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ORIGINAL

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 18396

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Williams (Name on Original Certificate) who was born (Was Born or Died) on November 19, 1913 (Date of Event) in Near Eagle (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Clifford Chester [redacted] Arthur Williams

Subscribed and sworn to before me this 15th day of February, 1918

Florence Cartwright

Notary Public, residing at Boise

My commission expires 4-20-18

(Seal)

X Signed Chester Arthur Williams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

(Street Address, City, State)

Form DH 60. 155

Army of the United States Discharge gives name as Chester A. Williams born Nov November 19, 1913. Entered service October 11, 1942,and Separated April 14, 1946.
Viewed by v.S.

Unigard Insurance Company gives name as Chester A. Williams . Policy # HP 18224 issued June 22, 1971.
Viewed by V.S.

Report of change of status and address issued by the War Department gives name as Chester Arthur Williams # 39681999 Tech 4th Grade Change occurred October 10, 1942/
Viewed by V.S.

243-121-001-236

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Adee

City of Star

No. ..... St.

Hospital ✓

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18397

Registration District No. ..... File No. 1

Primary Registration District No. ..... Registered No. 16

FULL NAME OF CHILD Jesse Olin Buchanan.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		yes	Nov 21 1913

FATHER		MOTHER	
FULL NAME	Jesse M. Buchanan	FULL MAIDEN NAME	Mary Jane Story
RESIDENCE	Star	RESIDENCE	Star Idaho
COLOR	W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Oregon.
OCCUPATION	Preacher.	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall MD
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed Nov 21 1913 Ole Hall
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 9 1941

818-104-001-864

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18398

County of Ada

City of Star

No. ..... *St.*

Hospital .....

Registration District No. ..... **File No.** .....

Primary Registration District No. ..... **Registered No.** 17

FULL NAME OF CHILD Kenneth Haynes

Sex of Child M	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Dec (Month) 4 (Day) 1913 (Year)

FATHER		**MOTHER**	
FULL NAME	John W Haynes	**FULL MAIDEN NAME**	Lena S Younge
RESIDENCE	~~Kansas~~ Eagle Ida	**RESIDENCE**	Eagle Idaho
COLOR	W, **AGE AT LAST BIRTHDAY** 27 (Years)	**COLOR**	W, **AGE AT LAST BIRTHDAY** 25 (Years)
BIRTHPLACE	Kansas	**BIRTHPLACE**	Idaho
OCCUPATION	Farming	**OCCUPATION**	Housewife

Number of child of this mother, including present birth four **Number of children of this mother now living, including present birth** three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), **at** 11:30 P.M. **on the date above stated.**

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Old Hall MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Star Idaho

Filed 12-21 1913 Old Hall

..... *Registrar* *Registrar*

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-119-001-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

~~City of~~ Eagle R.F.D.

Registration District No. _____ File No. 18399

No. _____ St.

Primary Registration District No. _____ Registered No. 18

Hospital _____

FULL NAME OF CHILD Phelps Everts Hansen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M.		Yes	Dec 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Arthur J Hansen	FULL MAIDEN NAME	Mabel Clare Everts
RESIDENCE	Lewiston Idaho	RESIDENCE	Lewiston Idaho
COLOR	W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall MD

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Star Idaho

Filed 12/21 1913 O. W. Hall

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-284-010-485

PLACE OF BIRTH

Amended 11/21/75

County of Bonneville

City of

No. St.

Hospital

Registration District No. 73

Primary Registration District No. 2150

Registered No. 326

FULL NAME OF CHILD Leona Coles

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	13	Yes	Aug (Month) 4 (Day)

FATHER		MOTHER	
FULL NAME	James Coles	FULL MAIDEN NAME	Caroline Matilda Myles
RESIDENCE	Rigby RD 2	RESIDENCE	Rigby RD 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House work

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H Newman

midwife (Physician or midwife)

Given names added from a supplemental report

19

Address Rigby RD 2

Registrar

Filed Jan 3 1914 [signature] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

OCT 2 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 10 9 01 AM '75

State of ..... } ss.
County of ..... }

Certificate No. 18400

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cole (female) (Name on Original Certificate) who was born (Was Born or Died) on Aug. 4 1913 (Date of Event)
in Bonneville Co, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Leona Coles
father's name	Cole ~~James A. Coles~~	Coles
mother's name	Carline Matilda Milar	Caroline Mitulda Myler

Subscribed and sworn to before me this 14 day of November, 1975

Reid D Nord
Notary Public, residing at Rigby, Idaho
My commission expires 3-18-78
(Seal)

Signed Lawrence Brown
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 4 Box 184 Rigby Idaho 83442
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of November, 1975

Reid D Nord
Notary Public, residing at Rigby Idaho
My commission expires 3-18-78
(Seal)

Signed Earl Brown
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60.155 CL 10/2/73

Certif of Baptism and Confirmation from the LDS Church gives nameas Leona Coles daugher of James A. Coles and Caroline M. Myers. born Aug. 4, 1913 at Milo, Idaho. Baptized June 11, 1922. viewed by V. S.

DEC 3 1975

Marriage License and Certif from Idaho gives name as Lawrence Brown and Leona Coles dated Aug. 31, 1932. in Rigby, Idaho. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] Romeville [redacted]

361-108-0100-361

City of _____ Registration District No. 73 File No. 18401

No. _____ St. Primary Registration District No. 2150 Registered No. 325

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
boy		yes	Oct 8 1913

FATHER		MOTHER	
FULL NAME	do not know	FULL MAIDEN NAME	Rachel Hannah Coals
RESIDENCE		RESIDENCE	Rigby RD 2
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	white AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	House work

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H Newman

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby RD 2

Filed Jan 3 1914 [signature] Registrar

..... Registrar

S-Y CO. 20174

[redacted]

PLACE OF BIRTH

[redacted]

[redacted] FOR BINDING

-THIS IS A PERMANENT REC

I MARITAL

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 73 File No. 18402

Primary Registration District No. 217 Registered No. 324

FULL NAME OF CHILD Wallace Franklin Williams

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Dec 22 1913

FATHER		MOTHER	
FULL NAME	John L Williams	FULL MAIDEN NAME	Margret Hughes
RESIDENCE	Rigby R D 2	RESIDENCE	Ryby R D 2
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House work

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine H Newmans

Midwife (Physician or midwife)

Address Rigby R D 2

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 3 19 14 Registrar

B-Y CO. 20174

STATE OF IDAHO

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bonneville

Certificate No. 18402

JUN 25 10 26 AM '73

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Williams (Male) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1913 (Date of Event)
in Bonneville County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Records (Bible Record, Insurance Policy, Etc.) prepared on 1 March 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Wallace Franklin Williams

Subscribed and sworn to before me this 21st day of June 1973, 19

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1974

(Seal)

Signed Charles H. Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1365 Sage Ave., Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 19 73.

Notary Public, residing at Idaho Falls, Idaho

My commission expires 17 March 1974

(Seal)

Signed Elmer H. Williams
(Signature of Any Credible Person)

392 E. 19TH St. Idaho Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 CA-5-7-73 nm

JUL 24 1973

Church record gives name as Wallace Franklin Williams, born Dec. 22, 1913. Was blessed Mar. 1, 1914. Was Baptized April 1, 1922. Father's name given as John F. Williams and the mother's maiden name as Margret Hughes. Viewed by V. S.

Honorable Discharge from the U.S. Army gives name as Wallace F. Williams Born Dec. 22. Date of Separation Sept. 30, 1945. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18403

Primary Registration District No. 2170 Registered No. 323

FULL NAME OF CHILD LAFE THONE FLEMING

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	11 (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Archie Fleming	FULL MAIDEN NAME	Myrtle Alice Baker
RESIDENCE	Susan Valley	RESIDENCE	Susan Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Susan Valley Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Finlay

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 265 Cliff St

Filed Jan 31 1913 [signature] Registrar

Registrar

B-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 18403

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR ~~DEATH~~)
for Lafe Thone Fleming (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR ~~DIED~~) on Nov. 29 — 1913 (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Lafe Thone Fleming

Subscribed and sworn to before me this 15th. day of February 1943.

Notary Public, residing at Las Vegas Nevada

My commission expires Feby 18, 1945 (SEAL)

Signed Mother Myrtle A. Baker Fleming.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

918 So 3rd Street Las Vegas Nevada
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada } ss.
County of Clark }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th. day of February, 1943.

Notary Public, residing at Las Vegas Nevada

My commission expires Feby 18, 1945 (SEAL)

Signed V. B. Thompson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

918 So 3rd Las Vegas Nevada
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

FEB 20 1943

135-113-010-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 18404

No. ..... St.

Primary Registration District No. 2150 Registered No. 322

Hospital .....

FULL NAME OF CHILD Loren Michael Alvaro

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		(?)	Dec. 13, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Michael Lee (?) Alvaro	FULL MAIDEN NAME	Harley May Burmeister
RESIDENCE	New York City	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	? (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	?	BIRTHPLACE	Idaho
OCCUPATION	Shoe maker	OCCUPATION	

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Ida.

Filed Dec 31 1913 [signature]
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Holding fifty cents

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF California)
) SS.
COUNTY OF Los Angeles)

AFFIDAVITS FOR CORRECTION OF A RECORD

18404

Herle May Aitken of 6413 Sylmar Ave. Van Nuys Calif

Being first duly sworn, deposes and says that she is mother
(if related, specify degree,

of ~~Unnamed male child~~ Loren Michael Alvaro
if friend or otherwise, so state)

who was born in the city of Idaho Falls, County of Bonneville
(was born, died)
Father: Michael Lee, Mother: Merle May Burmeister

on the 13th day of December, 1913, as stated in a certificate of birth
birth or

death filed by John O. Mellor, M.D.
(name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Idaho Falls, County of Bonneville

Idaho, on the 31st day of December 1913.

That the following facts set forth in said certificate are not correctly

stated therein, to wit: name of child omitted

Father's name: Michael Lee

That affiant upon her own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Name of Child: Loren Michael Alvaro

Name of Father: Michael Lee Alvaro

(SEAL)

Affiant Herle May Aitken

Address 6413 Sylmar Ave, Van Nuys Cal

Subscribed and sworn to before me this 2nd day of Jan 1941

R M Dunn
Notary Public

STATE OF California)
) SS. SUPPORTING AFFIDAVIT
COUNTY OF Los Angeles)

Ray E. Burmeister of N. Hollywood Calif

being first duly sworn, deposes and says that he has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Ray E. Burmeister

Address 11000 Burbank Blvd
N. Hollywood

Subscribed and sworn to before me this 2nd day of Jan 1941

R M Dunn
Notary Public

(Seal)

November 28, 1940

Loren Alvaro
6413 Sylmar
Van Nuys, California

Dear Sir:

In reply to your request for a copy of your birth record, we find a birth record for an unnamed male child born December 13, 1913 at Idaho Falls, Idaho, to Michael Lee and Merle May Burmeister.

In your letter you state the father's name should be Michael Lee Alvaro. On the birth record the father's name appears as "Michael Lee (?)". We assume that John O. Moller did not know your father's correct name.

In order to make the necessary correction on the birth record and have the name "Alvaro" added to your father's name, please complete the enclosed affidavit of correction. Since your own name does not appear on the record, we are also including this addition or the affidavit.

Please note that the first affidavit must be signed by one party and the Supporting Affidavit by a second party. We suggest your father sign the first affidavit and some friend or party having knowledge of the facts, sign the supporting affidavit. If one parent signs the first affidavit, the other should not sign the second.

We will hold your fifty-cent fee until we receive the affidavits properly completed and notarized.

Very truly yours

BUREAU OF VITAL STATISTICS

Mae G. Atwood, Director

c
Encd.

[illegible]

[illegible]

[illegible]

Nov 23, 1940

Dept of Health
Boise, Idaho.

NOV 27 1940

Dear Sir:

I would like a certified copy of my birth Certificate

My Name is: - Loren Michael Alvaro
Born - Dec. 13, 1914.
Place - Idaho Falls, Idaho.

Fathers' Name = Michael (or Mike) Lee Alvaro
Mother's Name = Hetle May Burmeister

Please forward the necessary paper for me to complete in the event you have no record of my Birth.

Enclosed is 50¢ Fee
Send to. No Record

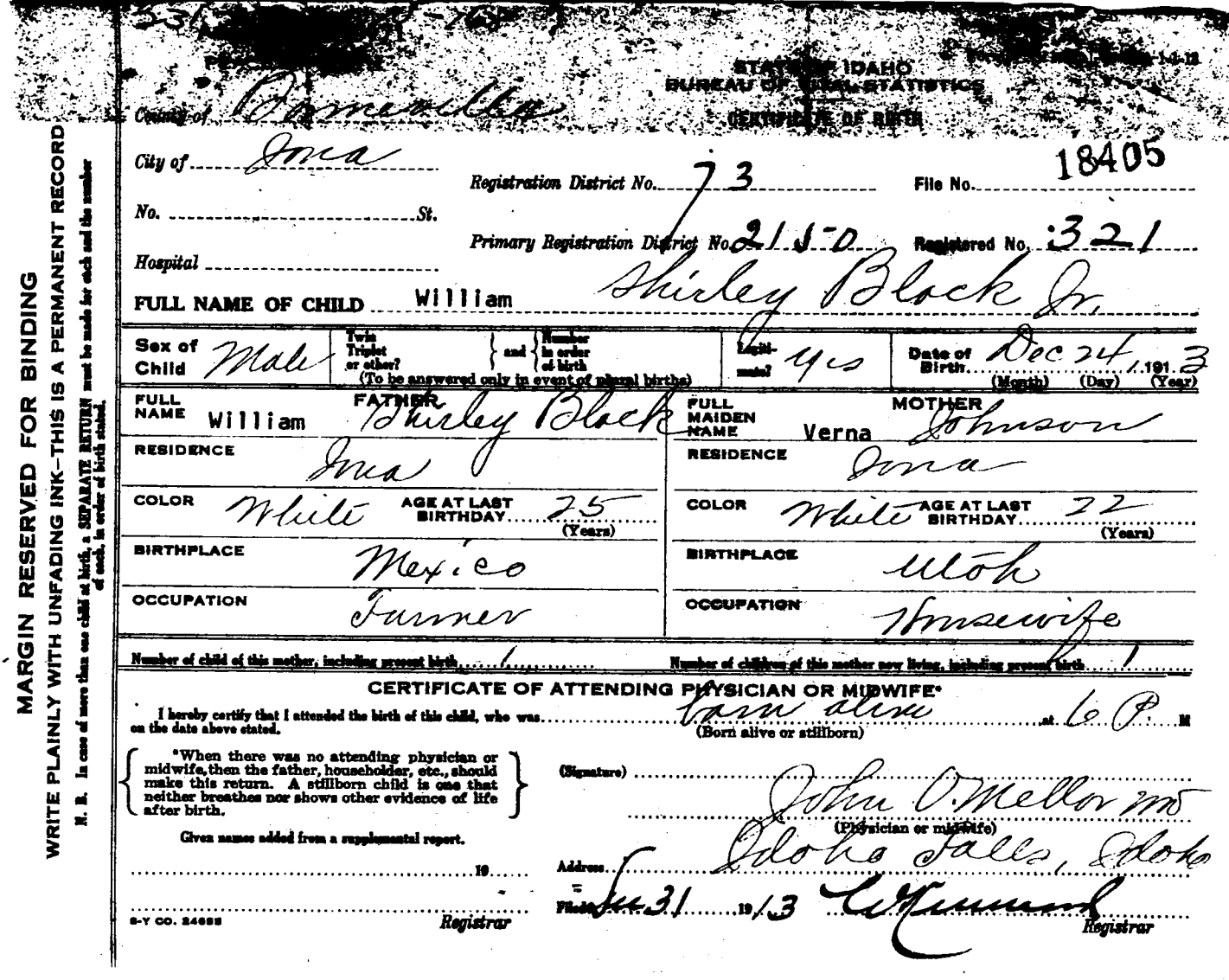
Loren Michael Alvaro
6413 Sylmar
Van Nuys, Calif.

Thanks you!
L. Alvaro

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18405

Primary Registration District No. 2150 Registered No. 321

FULL NAME OF CHILD William Shirley Black Jr.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 24 1913

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
William	Shirley Black	Verna	Johnson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Mexico	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Idaho Falls, Idaho

Filed Jan 31 1913 [signature]
Registrar

Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 18405

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for James Shirley Black Jr. (Name on Original Certificate) who born (Was Born or Died) on Dec. 24, 1913 (Date of Event)
in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	James Shirley Black Jr.	William Shirley Black Jr.
Fathers name	James Shirley Black	William Shirley Black
Mothers name	Ella Johnson	Verna Johnson

Subscribed and sworn to before me this 16th day of February, 1971

Florence Courtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Lemuel Black
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1120 - 10th Ave. N. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Church Record of Birth gives name as William Shirley Black born December 24, 1913. in Iona, Idaho. Father Williams S. Black and Mother Verna Johnson. Entered on record M March 1, 1914.
Viewed by V.S.

APR 3 0 1971

Insurance Policy, issued by Beneficial Life Ins. Co. gives name as William Shirley Black, bornDec.24,1913 in Iona, Idaho. Parents William S. Black and Verna Johnson.
Viewed by V.S.

238-123-010-320

Form V. S. No. 11-C—15m-6-20-11

City of [redacted] Registration District No. [redacted] 18406

No. ....., ... St.

Primary Registration District No. 21 [redacted] d No. 320

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ MELVIN CHARLES Schm[redacted]

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	Single	3rd	yes	Dec. 23, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herman Schmitz	FULL MAIDEN NAME	Barbara Sporer
RESIDENCE	~~Wisconsin~~ Idaho Falls Id	RESIDENCE	Idaho Falls. Id
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Margaret Sanders

midwife (~~Physician or~~ Midwife)

Given names added from a supplemental report

Address Idaho Falls Idaho

....., 19.....

Filed Dec 30 1913 [signature] Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss. JAN [illegible] 42 Certificate No. 18406

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Melvin Charles Schmitz (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 23, 1913 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Earnest Schmitz	Melvin Charles Schmitz
maiden name of mother	Barbara ? Sporer	Barbara Sporer
Name of father		Herman Schmitz

Subscribed and sworn to before me this 20 day of January, 1942

Notary Public, residing at Great Falls

My commission expires Oct 15, 1942 (SEAL)

Signed Hazel Nordby (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

407-1st Ave. So, Great Falls, Mont. and 2901-1st Ave. South. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.

County of Cascade }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20 day of January, 1942

Genevieve Bullivan

Notary Public, residing at Great Falls, Mont

My commission expires Oct 15, 1942 (SEAL)

Signed Ingvald Nordby (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

407-1 Ave So Great Falls Mont. (STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By ..... (REGISTRAR'S SIGNATURE)

759-121-010-252

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2170

File No. 18409

Registered No. 317

FULL NAME OF CHILD EMERY OLIVER PERKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 21 1913

FATHER		MOTHER	
FULL NAME	Emery Perkins	FULL MAIDEN NAME	Lila Luella Bess
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson
Midwife
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co. Idaho

Filed Dec 30 19 13

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1976

DEC 1 5 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 73

Primary Registration District No. 2176

File No. 18410

Registered No. 316

FULL NAME OF CHILD Glen Henry Everett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 26 1913

FATHER		MOTHER	
FULL NAME	James Henry Everett	FULL MAIDEN NAME	Bessie VanEps
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

Midwife

(Physician or midwife)

Address Ucon Bonneville Co. Idaho

Given names added from a supplemental report

..... 19.....

.....

Registrar

Filed Dec 30 1913

Registrar

8-Y CO. 20174

JUL 6 1942

1841.0

ed States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Bonneville (b) City Idaho Falls
c) Street Address or R.F.D. No. Route #2
d) Name of Hospital or Maternity Home:
None
e) Mother's stay **BEFORE** delivery:
IN **THIS** county 12 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bonneville
(c) City Idaho Falls
(d) Street Address or R.F.D. No. Route #2
(e) How long has **MOTHER** lived in Idaho? 12 yrs.
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Glen Henry Everett
5. Date of Birth of Child (Month, day, year) December 28 1913
Sex Male 7. Twin or Triplet No If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9 9. Legitimate? Yes

FATHER OF CHILD
FULL NAME James Henry Everett
Color or Race White 12. Age at time of THIS birth 30 yrs.
Birthplace Hooperville (City or town) Utah (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Bessie May VanEpps
17. Color or Race White 18. Age at time of THIS birth 25 yrs.
19. Birthplace Moorland (City or town) Iowa (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~Name prophylactic used to prevent Ophthalmia Neonatorum~~
Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature | M.D. Midwife | Address | Date

te of Idaho
nty of Bonneville } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears tem 4, above, that I am now 55 years of age, that I have known this person for 28 years, and that Joseline Thompson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under pter 139, 1937 Session Laws.

Bessie May Everett Signature
Route #2, Idaho Falls, Idaho P. O. Address

JAN 16 1976

Subscribed and sworn to before me this 29th day of June, 19 42
(SEAL) By Lilly [illegible] Notary Public, residing at Idaho Falls, Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-3414, Idaho Code Annotated.)

ived for filing on JUN 30 1942 by Registrar.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

Amended 3-10-61

PLACE OF BIRTH

466 - 217-010-295

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital Fullers

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 18411

Primary Registration District No. 2150 Registered No. 315

FULL NAME OF CHILD Nancy Jane Downer

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 17, 1913

What bacteriocidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Clarence Downer	FULL MAIDEN NAME: Anna Breer
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Quincy, Ill.
OCCUPATION: Bookkeeper	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. Kinnaird

Physician (Physician or midwife)

Address Idaho Falls, Ida.

Filed 12/17/1913 Wm. Kinnaird

Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18411

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for Unnamed Downer (Name on Original Certificate) who was born (Was Born or Died) on Dec. 17, 1913 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Nancy Jane Downer
Mother's Maiden Name	Anna F Downer	Anna Breer

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Sacramento } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January, 19 61

Winifred Farrell

Notary Public, residing at Sacramento, California

My commission expires April 28, 1964

(Seal)

Signed Wanda Mary Downer Coats
(Signature of Any Credible Person)

1600 Tierra Blvd. Sacramento California
(Street Address, City, State)

FORM DH 60-155 CL 1-10-61. nm

Another Child's Birth Certificate, State of Colorado, Registrar's No. 2410; Dist. 69. copy has been signed by O.R. Gillett, Local Registrar of Vital Statistics, El Paso County, Colorado - gives full name of child as Minden Mary Downer, born May 4, 1907 in Colorado Springs, Colorado to Clarence L. Downer, father and Anna Breer, mother. - date received by local registrar May 13, 1907 - date copy was issued July 14, 1942 - viewed by V.S.

Notification of Birth Registration, State of California, No. 1519, child born Aug. 13, 1943 at Alta Bates Hospital, Berkeley, California - gives full maiden name of mother as Nancy Jane Downer - viewed by V.S.

Marriage Certificate, State of Nevada, January 1, 1942 gives full name of groom as Wesley W. Walker and full maiden name of bride as Nancy Jane Downer - married by Wm. McKnight, District Judge, Washoe County, Nevada - viewed by V.S.

Anglo California National Bank Checking Account Signature Card, date opened March 11, 1952 gives full names as Wesley W. Walker or Nancy D. Walker, full maiden name of mother Anna Breer, her mother's full maiden name Lena Herris, address of card holder, 508 Lincoln Hiway, Vallejo, Calif. - card is for Nancy D. Walker - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls Registration District No. 73 File No. 18412

No. ....., ... St. Primary Registration District No. 2150 Registered No. 314

Hospital .....

FULL NAME OF CHILD Wanda Orders

Sex of Child Girl	~~Twin, Triplet, or other?~~ and Number in order of birth 1 (To be answered only in event of plural births)	Legitimate? yes	Date of birth Dec 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Ruby Orders	FULL MAIDEN NAME	Rachel Forest
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sanders (Physician or Midwife)

Given names added from a supplemental report

..... 19.... Address Idaho Falls

..... Registrar Filed Dec 27 1913 [signature] Registrar

S-Y CO., 16670

NOV 5 1975

JUN 16 1913

339-114-010-365

Form V. S. No. 11-C—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 73 File No. 18413

No. ..... St.

Primary Registration District No. 2150 Registered No. 313

Hospital .....

FULL NAME OF CHILD Burnice Ray Cline

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec (Month) 14 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Oliver Cline	FULL MAIDEN NAME	Georgia Jane Louk
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Colorado
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles O. Cline (W.T.)

No one in attendance
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 24 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
[redacted]U OF VITAL STATISTICS

Form V. S. N[redacted]

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 599-103-010-168 St.

Registration District No. 73 File No. 18414

Primary Registration District No. 2150 Registered No. 312

Hospital

FULL NAME OF CHILD Erickson, Arnold G.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sam Erickson	FULL MAIDEN NAME	Hulda Johnson
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ocee Clint

Physician (Physician or midwife)

Given names added from a supplemental report

19 Address Idaho Falls Idaho

Registrar Filed Jan 24 1913 [signature] Registrar

E-Y CO. 20174

[redacted]

[redacted]

[redacted]

FEB 7 1951

358-121-010-549

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible]

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18415

Primary Registration District No. 2100 Registered No. 311

FULL NAME OF CHILD Lehmkuhl

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec. 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Otto Lehmkuhl	FULL MAIDEN NAME	Katie Vurhenne
RESIDENCE	Idaho Falls Idaho	RESIDENCE	Idaho Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cecil Clive

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Idaho

Filed Dec 24 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-18-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

155-215-010-294

Form V. S. No. 11-C-25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73 File No. 18416

No. ..... St.

Primary Registration District No. 2150 Registered No. 310

Hospital .....

FULL NAME OF CHILD Jensen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Dec. 15 1913

FATHER		MOTHER	
FULL NAME	P. H. Jensen	FULL MAIDEN NAME	Alice Simmons
RESIDENCE	Elva	RESIDENCE	Elva
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Ida.

Filed Dec 22 1913 [signature] Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1975

ACABI

365-113-010-613

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73 File No. 18417

No. ..... St.

Primary Registration District No. 21 J-0 Registered No. 309

Hospital .....

FULL NAME OF CHILD Delbert Stevens Covert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 13 1913

FATHER		MOTHER	
FULL NAME	Spencer Covert	FULL MAIDEN NAME	Lettie Walker
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White AGE AT LAST BIRTHDAY 45 (Years)	COLOR	White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John V. Mellor MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Idaho Falls, Ida.

Filed Jan 22 1913 [signature] Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1972

295 - 204 - 010 - 753

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Dena

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18418

Primary Registration District No. 21-0 Registered No. 304

FULL NAME OF CHILD Clay Merle Ring

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			yes	Dec 4 (Month) 4 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME William R. Ring	FULL MAIDEN NAME Annie M Petersen
RESIDENCE Dena	RESIDENCE Dena
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Bond Service Co	BIRTHPLACE gentile valley
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. Dec 4, at 12 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rawlings
Obstetrician
(Physician or midwife)

Address Dena Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

Filed 12/19 1913

..... Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1949

819-230-010-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18419

Primary Registration District No. 2156 Registered No. 307

FULL NAME OF CHILD Alta Main

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Oct 30 1913

FATHER		MOTHER	
FULL NAME	William R Main	FULL MAIDEN NAME	Meindral Cooper
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Iowa	BIRTHPLACE	Fredonia Arizona
OCCUPATION	C. Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 30 at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Abstraction
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co, Idaho

Filed 12/19 1913 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 9763/

154-117-010-396

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital

Registration District No. 73 File No. 18420

Primary Registration District No. 2150 Registered No. 306

FULL NAME OF CHILD ~~Orden Crofts~~ ~~Frances Neal~~ Orden Crotts Andreasen

Nov 17, 1913

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Nov 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nephi E Andreasen	FULL MAIDEN NAME	Maud E Crofts
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Monroe utah	BIRTHPLACE	Gunison utah
OCCUPATION	C Laberer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 17 at 11 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
obstetrician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Idaho Bonneville Co

Filed 12/19 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2

231-224-010-996

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18421

Primary Registration District No. 2150 Registered No. 305

FULL NAME OF CHILD Ethel Stanger

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Joseph E Stanger	FULL MAIDEN NAME	Margret Irwin
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	45 (Years)
BIRTHPLACE	Ogden Utah	BIRTHPLACE	Ireland
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 24 11 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
Obstetrician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co, Idaho

Filed 12/19 1913 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

236-125-010-[illegible]

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18422

Primary Registration District No. 2150 Registered No. 304

FULL NAME OF CHILD Rodger Dubwayne Scott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		yes	Oct 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	S R Scott	FULL MAIDEN NAME	Esther Denning
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Labell Idaho	BIRTHPLACE	Iona Idaho
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 25 20 & 10 on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rowberry

abstraction (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co, Idaho

Filed Jan 19 1913 [illegible] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

22 1948

553-119-010-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18423

Primary Registration District No. 2150 Registered No. 303

FULL NAME OF CHILD David S Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy		yes	Oct 19 1913

FATHER		MOTHER	
FULL NAME	Christian D Nelson	FULL MAIDEN NAME	Nora Longhurst
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hyde Park Utah	BIRTHPLACE	Iona
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Oct 19, at 9 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
obstretion
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Bonneville Co, Idaho

Filed Jan 19 1913 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D 76-150

365-207-010-819

PLACE OF BIRTH

County of Bonneville

City of Iona

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 73 File No. 18424

Primary Registration District No. 2170 Registered No. 302

FULL NAME OF CHILD Vera Jane Longhurst

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Dec 7 1913

FATHER	MOTHER
FULL NAME Joseph Longhurst	FULL MAIDEN NAME Josephine D Blair
RESIDENCE Iona	RESIDENCE Iona
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iona	BIRTHPLACE Iowa
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 7, at 10 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry
abstraction
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Bonneville Co Idaho

Filed Dec 19 1913

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1957

AUG 14 1943

391-230-010-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boneville

City of Iona

No. ..... St.

Hospital .....

Registration District No. 73 File No. 18425

Primary Registration District No. 2150 Registered No. 301

FULL NAME OF CHILD Blanche Tracy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
girl		yes	Nov 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Adam H Tracy	FULL MAIDEN NAME	Hannah Ritchie
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Macriott Utah	BIRTHPLACE	Macriott Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Nov 30 at 12 M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rowberry

Obstetrician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Iona Boneville Co Idaho

Filed Dec 19 1913 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

665-226-40-295

PLACE OF BIRTH: Amended 5/24/79

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 73

File No. 18426

No. _____ St.

Primary Registration District No. 2170

Registered No. 3000

Hospital _____

FULL NAME OF CHILD Maurine Owen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Nov. 26, 1913

FATHER		MOTHER	
FULL NAME	Chas. Owen	FULL MAIDEN NAME	Betsy King
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	Mulatto
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M on the date above stated.

(Signature) John O. Muller, MD

(Physician or midwife)

Address Idaho Falls, Ida

Filed Dec 16 1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ATE OF IDAHO
OF VITAL STATISTICS

TIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss. 4 24 8 15 AM '79
County of _____

Certificate No. 18426
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Owen (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Nov 26, 1913 (Date of Event)

in Ammon, Idaho (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Maurine Owen

Subscribed and sworn to before me this 22 day of May 1979

Notary Public, [signature] Burlow
Residing at 5964 Cayenne Dr.
My commission expires April 14, 1981
(Seal)

Maurine Owen Barlow
Signature of Applicant
1448 Estrellita Dr. ~~Salt Lake City~~ Sandy
Street Address, City, State
Ut 84070

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake

(Must be completed __)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of May 1979

Notary Public, [signature] Burlow
Residing at 5964 Cayenne dr.
My commission expires April 14, 1981
(Seal)

Chas [illegible] Owen
Supporting Signature
Father
5097 Lessey Lane
Street Address, City, State
Salt Lake City, Utah

CL 5/17/79 RUSH

Baptismalr record from the LD Church gives name as Marine Owen born Nov 26, 1913 at Ammon, IDaho. father's name as Charles H. Owen and mother's name as Bessie Kingston. Baptized Dec 4, 1921. viewed by V. S.

MAY 2 4 1979

Certif of Birth from the LDS Church gives name as MXX=Maurine Owens born November 26, 1913 at Ammon, Idao. father's name as Charles H. Owen and mother's name as Betsy Kingston. dated Jan 4, 1914. viewed by V. S.

Form V. S. No. 11-C—Rev. 1-1-13

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13

Primary Registration District No. 2170

File No. 18427

Registered No. 999

FULL NAME OF CHILD Ethel Lunetta Jakeman

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Nov. 30, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee Jakeman	FULL MAIDEN NAME	Nettie Hall
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) John O. Mellor M.D.

(Physician or midwife)

Address Idaho Falls, Ida

Filed Dec 10 1913 [signature] Registrar

B-Y CO. 24655

JUL 10 1970

3-24-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUL 26 10 53 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss

Certificate No. 18427

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jakeman (Name on Original Certificate) who was born (Was Born or Died) on November 30, 1913 (Date of Event)
in Idaho Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Ethel Lunetta Jakeman

Subscribed and sworn to before me this 25th day of July, 1972

Notary Public, residing at Rigby, Idaho
My commission expires February 1975
(Seal)

Signed Nellie Hall Jakeman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 C.C 1 copy pd Rec. # 7-10-70

JUL 27 1979

Certificate of Baptism and Confirmation from LDS Church gives name as Ethel Lunetta Jakeman Morgan daughter of Lee Jakeman and Nettie Edna Hall. Born Nov. 30, 1913 at New Sweden, Idaho. Was Baptized Dec. 2, 1966 and Confmd. Dec. 2, 1966. Viewed by V. S.

Own child's birth certif. on filein Idaho (File No 398982) fro John Brent Swager Born 11-2-44. Father's name given as John E. Swager and mother's name given as Ethel L. Jakeman. Viewe d by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

County of [illegible]

CERTIFICATE OF BIRTH

City of Ammon

No. ..... St.

Hospital .....

Registration District No. 73

Primary Registration District No. 2150

File No. 18428

Registered No. 298

FULL NAME OF CHILD Sherid Lindsey

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Dec 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J W Lindsey	FULL MAIDEN NAME	Emma Sommer
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Weston Idaho	BIRTHPLACE	Logan Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 73

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida

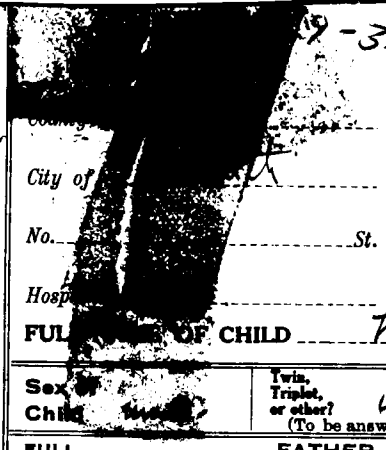
Filed Dec 9 1913

Registrar

Registrar

S-Y CO. 20174

MAR 27 1969



9-396

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County

City of

Amended 8/25/75

Registration District No. 65

File No. 18430

No. St.

Primary Registration District No. 2145

Registered No.

Hosp

FULL NAME OF CHILD Marland De Witt Hoskins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	✓	✓	yes	Nov 26 1913

FATHER		MOTHER	
FULL NAME	Henry M. Hoskins	FULL MAIDEN NAME	Jennie E. Brosby
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson M.D.

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed Dec. 10th 1913 Dr. J. W. Thompson Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 7 1974

4/11/41 L. B.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 21 12 57 PM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Marlind DeWitt Hoskins (Name on Original Certificate) who was born (Was Born or Died) on Nov. 26, 1913 (Date of Event) in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Marlind	Marland

Subscribed and sworn to before me this 18TH day of AUGUST, 1975.

Notary Public, residing at WHITTIER, CALIFORNIA
My commission expires DECEMBER 12, 1977
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CI. 5/14/75 lcc pd.

Marriage certif from Californi gives name as Marland DeWitt K Hoskins and the XXXXX Bridels name as Genevieve Mae Norcorss. dated aug. 29, 1947. viewed by V.S.

AUG 25 1975

Honorable Discharge from the U.S. Army gives name as Marland Dewitt Hoskins. Dated Oct. 4, 1945. Viewed by V. S.

6[illegible]-[illegible]-029-567

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Salah

City of

No. , St.

Hospital

Registration District No. 65 File No. 18431

Primary Registration District No. 2145 Registered No.

FULL NAME OF CHILD ~~Not named~~ Julia Helen Fiscus

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 5, 1913

FATHER		MOTHER	
FULL NAME	Walter A Fiscus	FULL MAIDEN NAME	Susie Vogel
RESIDENCE	Salah Co	RESIDENCE	Salah Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Palouse Wash

Filed Dec. 10th 1913 Dr. J. W. Thompson Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STAT

18731

2-042-365

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [illegible] Falls

City of Castleford

Registration District No. 39 File No. 18432

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital Home

FULL NAME OF CHILD William Lafayette Jolley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes.	Oct (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Reuben James Jolley	FULL MAIDEN NAME	Eyra Conger
RESIDENCE	Castleford	RESIDENCE	Castleford
COLOR	W AGE AT LAST BIRTHDAY 47 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Washington Utah	BIRTHPLACE	Buckeye Allabalma
OCCUPATION	Rancher	OCCUPATION	General work.

Number of child of this mother, including present birth 4th. Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo Helen Boynton
Nurse. Castleford Id.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Registrar

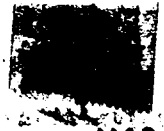
Filed 12-2 1913 J. T. Murphy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MAR 2 1966

362-203-042-259

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 39 File No. 18433

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Margaret Mae Rae

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes	12 (Month) 3 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lewis G. Cobb	FULL MAIDEN NAME	Florence L Berryman
RESIDENCE	4 mi N. E. Filer	RESIDENCE	4 mi N E Filer
COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE	Wrentham Mass	BIRTHPLACE	Riverside New Brunswick
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7.45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-6 1913 J. H. Murphy Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 11 1969

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-204-042-791

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 34

File No. 18434

Primary Registration District No. 2087

Registered No. .....

FULL NAME OF CHILD Olive Parks

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	12 (Month) 4 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	H L Parks	FULL MAIDEN NAME	Florence Graham
RESIDENCE	Buhl Ida	RESIDENCE	Buhl Ida
COLOR	W. AGE AT LAST BIRTHDAY 26 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	near Denver Colo	BIRTHPLACE	Erie Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A F McClusky MD
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12-6 1913

J. T. Kimpley
Registrar

S-Y CO. 24655

JUN 15 1964

FULL NAME OF CHILD

Sex of

613 - 205 - 042 - 219

Form V. S. No. 11-C—25m-1-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 18435

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Fordey V. Wallick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	12 5 1913

FATHER		MOTHER	
FULL NAME	Chas C Wallick	FULL MAIDEN NAME	Cordelia Barkdoll
RESIDENCE	Buhl Idaho	RESIDENCE	Buhl Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Blackhawk Co Iowa	BIRTHPLACE	Davis Co Iowa
OCCUPATION	Agt. Insurance Co	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

(Signature) A. J. McCluskey M.D.

(Physician or midwife)

Address .....

Filed 12-6 1913 J. T. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 18435

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for (Name on Original Certificate) was born who (Was Born ~~or Died~~) Dec 5th 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by birth record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fondy V. Wallick (F)

Subscribed and sworn to before me this 10th day of June 1944

Mary W. Cadaret

Notary Public, residing at Los Angeles Calif.

My commission expires Feb. 13, 1945

(Seal)

Signed Alice Fern Fondy

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

121 no ave S C Los Angeles, Calif

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of June 1944

Mary W. Cadaret

Notary Public, residing at Los Angeles Calif

My commission expires Feb 13, 1945

(Seal)

Signed Jerold D. Wallick

(Signature of Any Credible Person Other Than Previous Year)

3418 NO. FIG L.A.

(Street Address, City, State)

AUG 25 1944

764-106-042-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39. File No. 18436

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD Laurena Earl Godfrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Dec. 6 1913

	FATHER	MOTHER
FULL NAME	M.N.Godfrey	~~XXXXXXXXXXXX~~ Mrs.M.N.Godfrey
RESIDENCE	2S.½W.Buhl	Emma Schwallerstecker same
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	28 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	~~Farmer~~	~~Housewife~~

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Murphy

M. D.
(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-12 1913 J. N. Murphy Registrar

S-Y CO. 24658

FEB 28 1906

391-206-042-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... *St.*

Hospital .....

Registration District No. 39 **File No.** 18437

Primary Registration District No. 2087 **Registered No.** .....

FULL NAME OF CHILD Emily Elaine Craner

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	Dec 6 1913 (Month) (Day) (Year)

	FATHER		MOTHER
FULL NAME	J. W. Craner	FULL MAIDEN NAME	Louella Tanner ~~[illegible]~~
RESIDENCE	Buhl	RESIDENCE	same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Murphy

M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Buhl Ida.

Filed 12-12- 1913 J. T. Murphy *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 20 1976

795-117-042-364

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 39 File No. 18438

No. ..... St.

Primary Registration District No. 2087 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ernest Gregg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec. 17 1913

FATHER		MOTHER	
FULL NAME	Fred Gregg	FULL MAIDEN NAME	Nellie Loucks
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wilhelm

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida.

Filed 12-20 1913 J. Murphy Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

cc 6-25-41 PBA

6-27-41

289-126-042-645

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 39 File No. 18439

Primary Registration District No. 2081 Registered No. .....

FULL NAME OF CHILD Shriver Lauren William

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Dec 26 1913

FATHER		MOTHER	
FULL NAME	Walter M. Shriver	FULL MAIDEN NAME	Margaret A Funk
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Kan	BIRTHPLACE	Ohio
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Welbuhn

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Buhl Ida

Filed 12-30 1913 J. T. Murphy Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1951

619-131-042-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—2m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 39 File No. 1844

Primary Registration District No. 2087 Registered No. .....

FULL NAME OF CHILD H.F.Fait Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	Dec. 31 1913

FATHER		MOTHER	
FULL NAME	H.F.Fait	FULL MAIDEN NAME	Mussetta Heath
RESIDENCE	IR. I½S Buhl	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	MO.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Dunphy M.D.

(Physician or midwife)

Buhl Ida

Address .....

Given names added from a supplemental report

..... 19.....

Filed 12-31 1913 J. A. Dunphy Registrar

..... Registrar

S-Y CO. 20174

DEC 2 3 1975

236-2 [redacted]

[redacted]

County of [redacted]

CERTIFICATE OF BIRTH

City of Aberdeen

Registration District No. 116

File No. 18441

No. ..... St.

Primary Registration District No. 2195

Registered No. 24

Hospital .....

FULL NAME OF CHILD Gertrude Elizabeth A Storrer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George J Storrer	FULL MAIDEN NAME	Marie Horsch
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen, Ida,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Aberdeen Ida,

Filed Dec 29 1913 M. C. MacKinnon

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

499-121-006-219

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 116 File No. 18442 1

Primary Registration District No. 2195 Registered No. 23

FULL NAME OF CHILD Henry Albert

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Dec 21 '13

FATHER	MOTHER
FULL NAME Leonhard Dirks	FULL MAIDEN NAME Minna Bartel
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen, Ida.
COLOR White — AGE AT LAST BIRTHDAY 36 (Years)	COLOR white AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Germany	BIRTHPLACE Germany
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 7 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 22 19 13 M. C. MacKinnon

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231 – 203-006-857

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18443 / 1

County of Bingham

City of Aberdeen

Registration District No. 116 File No.

No. St.

Primary Registration District No. 2195 – Registered No. 22

Hospital

FULL NAME OF CHILD Martha Klassen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	Dec. 3 1913

FATHER	MOTHER
FULL NAME Cornelius Klassen	FULL MAIDEN NAME Paula Hege
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen, Ida.
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE Germany	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 29 (Years)
	BIRTHPLACE Germany
	OCCUPATION Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 8-45 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.
(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Dec 3 19 13 M. C. MacKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493 - 224 [redacted] 15

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Vollmer

Registration District No. 50 File No. 18444

No. ____ St.

Primary Registration District No. 2129 Registered No. 26

Hospital ____

FULL NAME OF CHILD unnamed Nina Dorthy Millie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Dec 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur R. Golber	Lee nora Banks
RESIDENCE	Vollmer, Idaho	Vollmer, Idaho
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	29	19
BIRTHPLACE	Michigan	Mo
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or midwife)

Address Ida Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec. 31, 1913 H. C. Parrish
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

JUN 1 2 1942

296-120-031-467

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Lewis

City of Moklen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 50 File No. 18445

Primary Registration District No. 2129 Registered No. 25

FULL NAME OF CHILD Joseph William Brock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Dec 20 1913

FATHER		MOTHER	
FULL NAME	James Wm Brack	FULL MAIDEN NAME	Julia Etta Doggett
RESIDENCE	Moklen Idaho	RESIDENCE	Moklen Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Juliaetta Idaho
OCCUPATION	Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or midwife)

Address Moc Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 31 1913 H. C. Parrish
Registrar

..... Registrar

S-Y CO. 20174

692-231-021-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 18446

Primary Registration District No. 2124 Registered No. 53

FULL NAME OF CHILD Katherine Elizabeth Gertrude Wissink

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	12 31 19

FATHER

FULL NAME Theodore Wissink

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Holland

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Gertrude M. Kaufmann

RESIDENCE Nezperce

COLOR W AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Ger.

OCCUPATION Hsew.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 8 50 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. A. Jaffray

(Physician or midwife)

Address Nezperce

Given names added from a supplemental report

..... 19.....

Filed 1-2 19 17 L. M. Jones

..... Registrar

Registrar

8-Y CO. 20174

APR 2 6 1971

452-117-031-293

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18447

Primary Registration District No. 2124 Registered No. 50

FULL NAME OF CHILD WILBUR EARL DESCHAMPS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	12 17 1913

FATHER		MOTHER	
FULL NAME	Chas E. Deschamps	FULL MAIDEN NAME	Jane S. Billow
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR	W AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Mo.
OCCUPATION	Farm	OCCUPATION	H

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 15 a.m. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Nezperce

Filed 1-2 1914 [signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss. Certificate No. 18447

County of Bonner. } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Wilbur Earl Deschamp (Name on Original Certificate) who was born (Was Born or Died) on December 17, 1913 (Date of Event)

in Nezperce Lewis Co (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by My Bible Record, (Bible Record, Insurance Policy, Etc.) prepared on December 27th. 1913. (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name Wilbur Earl	DeChamps	DesChamps
Name	Unnamed	Wilbur DesChamps

Subscribed and sworn to before me this 29th day of April 1942.

day of aPril 29th, 1942.

Ricka McLean,

Notary Public, residing at Priest River, Idaho.

My commission expires May 15th. 1943,

(Seal)

Signed Jone S. Deschamps (Mother)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Priest River, Idaho.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Kootenai }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. and that she is a sister of the above named Wilbur Earl Deschamp,

Subscribed and sworn to before me this 4th day of December 1942

E. D. Fowler

Notary Public, residing at [illegible] THE STATE OF IDAHO [illegible] COMMISSION EXPIRES SEPT 20, 1946

My commission expires

(Seal)

Signed Helen Deschamp Williams

(Signature of Any Credible Person Other Than Previous Year)

1401 Pennsylvania Ave.,

Coeur d'Alene, Idaho.

(Street Address, City, State)

DEC 19 1942

989-208-031-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lewis

City of Nez Perce

No. ....., ... St.

Hospital .....

Form U. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18448

Primary Registration District No. 2124 Registered No. 48

FULL NAME OF CHILD Anna Pauline Phylma

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	12 8 1913

FATHER		MOTHER	
FULL NAME	Horace R Niles	FULL MAIDEN NAME	Effie Hamilton
RESIDENCE	Nez Perce	RESIDENCE	Nez Perce
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	2	AGE AT LAST BIRTHDAY (Years)	2 X
BIRTHPLACE	Mich	BIRTHPLACE	Wash
OCCUPATION	Farm	OCCUPATION	H

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 30 9 M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nez Perce

Filed Jany 2 1914 H M Jones

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

964-114-031-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Mobler

No. ....., ... St.

Hospital .....

Registration District No. 47 File No. 18449

Primary Registration District No. 2124 Registered No. 49

FULL NAME OF CHILD Edmond Neil Routh

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	12 14 1913

FATHER		MOTHER	
FULL NAME	Chancellor J. Routh	FULL MAIDEN NAME	Gale Cox
RESIDENCE	Mobler	RESIDENCE	Mobler
COLOR	W. AGE AT LAST BIRTHDAY 24 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 17 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Ida
OCCUPATION	Farm	OCCUPATION	Hm

Number of child of this mother, including present birth 1 Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 45 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Nezperce Ida

Filed 1-2 1914 J. H. Jones

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17820

JUN 2 8 1973

947-123-031-265

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 47 File No. 18450

Primary Registration District No. 2124 Registered No. 51

FULL NAME OF CHILD Joseph Stephen Ruppert

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	12 23 1913

FATHER		MOTHER	
FULL NAME	Wm Ruppert	FULL MAIDEN NAME	Catherine Kocjil
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	N. Y.	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Hr

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. A. Jeffreys

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Nezperce Idaho

Filed Dec 19 13 H M Jones

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 2 1974

243-129-031-466

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Nezperce

No. ..... St.

Hospital .....

Registration District No. 47 File No. 18451

Primary Registration District No. 2174 Registered No. 52

FULL NAME OF CHILD Chas. Norman

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		Yes	1a 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Murry D. Buck	FULL MAIDEN NAME	Lizzie J. Moore
RESIDENCE	Nezperce	RESIDENCE	Nezperce
COLOR	W. AGE AT LAST BIRTHDAY 58 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Pre
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 10 45 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. A. Jeffreys
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Nezperce

Filed 1-2 1914 D M Jones
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1941

259-103-028-3

[redacted]

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Springston

No. ..... St.

Hospital .....

Registration District No. 29 File No. 18452 1

Primary Registration District No. 2050 Registered No. 14

FULL NAME OF CHILD James Otto Kerr

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male			1st	Yes	Dec 3 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Kerr	FULL MAIDEN NAME	Mary Leonard
RESIDENCE	Springston Ida	RESIDENCE	Springston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Tenn.
OCCUPATION	Lumber Trader	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Riger

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Harrison Ida

Filed Jan. 4 1914 Max A. Sorland
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO

CERTIFICATE OF BIRTH

659-212-028-231

PLACE OF BIRTH

Form V. B. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d'Alene

Registration District No. 29

File No. 18453

No. _____ St.

Primary Registration District No. 2050

Registered No. 13

Hospital _____

FULL NAME OF CHILD Blanche Maxine Wernette

Sex of Child Female	Twin Triplet or other? Single and Number in order of birth 3 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec. (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nicodemus D. Wernette	FULL MAIDEN NAME	Osalinda Elizabeth Blanchard
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Minn
OCCUPATION	Lawyer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer

Phys.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Coeur d'Alene Idaho

Filed Jan. 4 1914 Max A. Leland

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 24 1963

JUL 16 1962

632-104-028-693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

[redacted] TATE OF IDAHO
au of Vital Statistics

CERTIFICATE OF BIRTH

18454

County of Kootenai

City of Cd Alene · Registration District No. 29 File No. 1

No. ....., ... St. Primary Registration District No. 2030 Registered No. 12

Hospital Cd Alene

FULL NAME OF CHILD Chester Emrick Olson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	and	1st	Yes	Dec 4th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Axel Emrick Olson.	Georgiana Wilson
RESIDENCE	Cd Alene Idaho.	Cd Alene Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY	26 (Years)	23 (Years)
BIRTHPLACE	Wis.	Missouri.
OCCUPATION		

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max G Dorland.
Physician
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Dec 12 1913 Max G Dorland
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1951

652-230-028-412

PLACE OF BIRTH

Form V. B. No. 11-C—15m-6-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Cd Alene

Registration District No. 29

File No. 18455 1

No. ..... St.

Primary Registration District No. 2050

Registered No. 11

Hospital Cd Alene

FULL NAME OF CHILD Maxine Edith Webb.

Sex of Child F.	~~Twin, Triplet,~~ or other? and Number in order of birth 2nd (To be answered only in event of plural birth)	Legitimate? Yes	Date of birth Nov. 30, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Paul A Webb.	FULL MAIDEN NAME	Blanche Alta Mason.
RESIDENCE	Cd Alene Idaho	RESIDENCE	Cd Alene Idaho
COLOR	W. AGE AT LAST BIRTHDAY 29 (Years)	COLOR	White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Kansas.
OCCUPATION	Real Estate	OCCUPATION	

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Sorland

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Council Alene Idaho

..... 19.....

Filed Dec 10 Max A Sorland

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

NOV 348

299-121
028-689

PLACE OF BI[redacted]

Form V.S. No. 11-C—25m-1-1-13

[redacted]stics

County of Koo[redacted]

City of Coeur [redacted]

Registration District No. 29

File No. 18456

No. ..... St.

Primary Registration District No. 2050

Registered No. 10

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth	Legitimate?	Date of Birth
Male	10 (To be answered only in event of plural births)	Yes.	Dec. 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eugene Brink. Sr.	FULL MAIDEN NAME	Jennie Whitehouse
RESIDENCE	Coeur d'Alene.	RESIDENCE	Same.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Perrinsville. Mich.	BIRTHPLACE	Aurora. Ill.
OCCUPATION	Telephone Mgr.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood Tuc.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Ida.

Filed Jan 4 1914 Max R. Dorland
Registrar

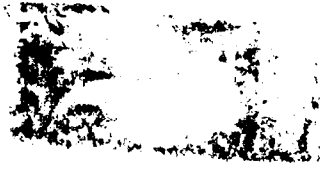
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



463-129-028-819

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18457

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No. 1

No. ..... St.

Primary Registration District No. 2050 Registered No. 9

Hospital .....

FULL NAME OF CHILD Franklin Jackson Mott

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
Male	2. (To be answered only in event of plural births)	Yes.	Dec. 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Franklin Jackson Mott.	FULL MAIDEN NAME	Anna C. Harris.
RESIDENCE	Coeur d'Alene. Ida.	RESIDENCE	Same.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21. (Years)
BIRTHPLACE	Statesville. N. C.	BIRTHPLACE	Arenzville. Ill.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 3:45 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Wood Md.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene. Ida.

Registrar

Filed Jan 4 1914 Max A. Durand Registrar

S-Y CO. 24688

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 [redacted]

1857

OCT 31 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

18458

Registration District No. 29 File No. 1

Primary Registration District No. 2050 Registered No. 8

FULL NAME OF CHILD Edward William Mayer.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M.	1	1	Yes.	Aug 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Mayer	FULL MAIDEN NAME	Agnes Schoening.
RESIDENCE	Coeur d'Alene.	RESIDENCE	Coeur d'Alene.
COLOR	W. AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Eau Claire. Wis.
OCCUPATION	Restaurant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John G. Wood

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene

Filed Jan 4 1914 M A Donald
Registrar

Registrar

S-Y CO. 24655

DUP OF 1913 - 280673

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Idaho

No. ..... St.

Hospital

Registration District No. 29 File No. 29 1

Primary Registration District No. 2050 Registered No. 7

FULL NAME OF CHILD Mary Jessick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		4	Yes	Sept 28 1913

FATHER		MOTHER	
FULL NAME	Jacob Jessick	FULL MAIDEN NAME	Rosanik
RESIDENCE	Cd'Alene Idaho	RESIDENCE	Cd'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max G Borland

(Physician [illegible])

Address Cd'Alene Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 4 1914 Max G Borland Registrar

..... Registrar

S-Y CO. 20174

JUN 2 2 1944

395-224-028-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18460

County of Kootenai

City of _____

No. _____ *St.*

Hospital _____

Registration District No. 29 **File No.** 1

Primary Registration District No. 2050 **Registered No.** 6

FULL NAME OF CHILD Lundy

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F.		Yes.	Oct 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard Lundy	FULL MAIDEN NAME	Mable Lundy
RESIDENCE	Cd Alene Idaho	RESIDENCE	Cd Alene Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	N York
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Sorland

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ *Registrar*

Address Coeur d'Alene Idaho

Filed Jan 4 1913 Max A Sorland *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-[illegible]-767

PLACE OF BIRTH [illegible]

Form V. S. No. 11-C-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18461

County of Kootenai

City of

No. St.

Hospital

Registration District No. 29

File No. 1

Primary Registration District No. 2050

Registered No. 5

FULL NAME OF CHILD Paul William Fitchner.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M.	4th	Yes	24 (Month) Oct. (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank R. Fitchner.	FULL MAIDEN NAME	Emma M. Pfeifer
RESIDENCE	Kootenai Co	RESIDENCE	Kootenai Co
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A. Dorland.

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Cd Alene Idaho

Filed Jan. 4 1914 M. A. Dorland.

Registrar

S-Y CO. 20174

JAN 14 1949

OCT 14 1947

AUG 6 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 18462

County of Kootenai

City of Cd Alene

Registration District No. 29

File No.

No. , St.

Primary Registration District No. 2030

Registered No. 4

Hospital X

FULL NAME OF CHILD Bentz Gordon Leigh

Sex of Child Male

Twin, Triplet, or other? and Number in order of birth 1st

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth 1 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Robt. Bentz	FULL MAIDEN NAME	Gertrude Walhang
RESIDENCE	Cda	RESIDENCE	Cd Alene
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Texas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was T (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A Dorland

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed July 19 13 M A D

Registrar

Registrar

S-Y CO., 16670

NOV 21 1952

433-230-028-416

PLACE OF BIRTH

Form V. S, No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18463

County of Kootenai

City of Coeur d'Alene

Registration District No. 29 File No.

No. St. Primary Registration District No. 2050 Registered No. 3

Hospital

FULL NAME OF CHILD Dorothy Elizabeth McCrea

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	1	Yes	Nov 20 1913

FATHER	MOTHER
FULL NAME Robert Aaron McCrea	FULL MAIDEN NAME Marguerite Ringman Davis
RESIDENCE Coeur d'Alene Ida	RESIDENCE Coeur d'Alene Ida
COLOR White AGE AT LAST BIRTHDAY 39 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Minn	BIRTHPLACE Mich
OCCUPATION Farmer	OCCUPATION House wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Dwyer
Phys.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Coeur d'Alene Ida

Filed Dec. 2 19 13 Max A. Borland
Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1967

NOV 5 1975

817-119-028-766

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18464

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital Coeur d'Alene Hospital

Registration District No. 29

Primary Registration District No. 2050

File No. .....

Registered No. 2

FULL NAME OF CHILD Harry Hagberg

Sex of Child Male	Twin Triplet or other? Single and Number in order of birth 2 (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Nov (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Oldf Hagberg	FULL MAIDEN NAME	Hilda Paul
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Dwyer

Phys.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Coeur d'Alene Idaho

Filed Dec 12 1913 Max A Dorland

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 4 1975

285-104-028-719

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Kootenai

City of Coe Alene

Registration District No. 29 File No. 18465

No. 722 Wallace.

Primary Registration District No. 2050 Registered No. 1

Hospital Nt.

FULL NAME OF CHILD Otto Maxwell Sherman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M.		3	Yes	June 4, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo W. Sherman	FULL MAIDEN NAME	Ethel Violet Parker
RESIDENCE	Milk River Alberta	RESIDENCE	Milk River Alberta
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ft Shell Mont.	BIRTHPLACE	Oregon.
OCCUPATION	Carpenter.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Max A. Dorland.
Coeur d'Alene Idaho.
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address

Filed Jan 1 1914 M A Dorland
Registrar

S-Y CO., 166

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 20 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Rosebud

Certificate No. 18465

Date Filed March 2, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Sherman (Name on Original Certificate) who Born (Was Born or Died) on June 4, 1913 (Date of Event)
in Coeur d'Alene, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Census Record (Bible Record, Insurance Policy, Etc.) prepared on 1920 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Unnamed Sherman	Otto Maxwell Sherman
Maiden name of mother	Ethel Sherman	Ethel Violet Parker

Subscribed and sworn to before me this 3
day of March, 1942
A. E. Stohs
Notary Public, residing at Lame Deer Mont
My commission expires March 15—1943
(Seal)

Signed Grover Sherman Sr
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Rosebud

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of March, 1942
A. E. Stohs
Notary Public, residing at Lame Deer Mont
My commission expires March 15—1943
(Seal)

Signed Stella A Parker Wallowing
(Signature of Any Credible Person Other Than Previous Year)

Lame Deer Mont
(Street Address, City, State)

Amended 12-27-60

PLACE OF BIRTH

545-121-014-859

County of Canyon

City of New Plymouth

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 5 File No. 18466

Primary Registration District No. 1009 Registered No. .....

FULL NAME OF CHILD Harry Marvin Eder

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M.			Yes	Dec. 21, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Chas. F. Eder	FULL MAIDEN NAME: Anna Heiden
RESIDENCE: New Plymouth	RESIDENCE: New Plymouth
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Lumber Dealer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. T. Drysdale, M.D.

Physician (Physician or midwife)

Address New Plymouth, Ida.

Filed Jan 1914 Wm. T. Drysdale Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

State of California Marriage License and Certificate, County of Ventura, license issued on April 17, 1939 and date of marriage April 29, 1939 gives full name of groom as Harry Marvin Eder and full maiden name of bride as Dorothy Beatrice Forthing - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18466
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Harry Mervin (Eder) (Name on Original Certificate) who born (Was Born or Died) on Dec. 21, 1913 (Date of Event) in New Plymouth, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by The Union Central Life Insurance Policy, Aug. 13, 1937 (Bible Record, Insurance Policy, Etc.) prepared on information-viewed by V.S. gives correct (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Harry Mervin	Harry Marvin Eder

Subscribed and sworn to before me this 13 day of May, 1960
Fred Harvey
Notary Public, residing at New Plymouth
My commission expires Dec. 2, 1960
(Seal)

Signed Bessie Bostic
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
New Plymouth Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of May, 1960
Fred Harvey
Notary Public, residing at New Plymouth
My commission expires Dec. 2, 1960
(Seal)

Signed Ford Bostic
(Signature of Any Credible Person)
New Plymouth, Ida
(Street Address, City, State)

FORM DPH 55.155 L 1-13-59

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

County of Ca

CERTIFICATE OF BIRTH

City of New Plymouth

Registration District No. 5 File No. 18467

No. St.

Primary Registration District No. 1299 Registered No.

Hospital

FULL NAME OF CHILD Raymond LeRoy White

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy S. White	Lillian Van Dickle
RESIDENCE	New Plymouth, Ida.	New Plymouth
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	New York.	Nebr.
OCCUPATION	Hardware Merchant	Housewife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-54 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Wm J. Drysdale Registrar

(Signature) Wm J. Drysdale M.D

(Physician or midwife)

Address New Plymouth, Ida.

Filed Dec 10 13

Registrar

S-Y CO. 20174

STATE OF
BUREAU OF VITA

CERTIFICATE

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Blaine

City of Saldin

Registration District No. 58 File No. 18468

No. St.

Primary Registration District No. 238 Registered No. 40

Hospital

FULL NAME OF CHILD Virginia Hazel Boyer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	12 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Boyer	Mary Muir
RESIDENCE	Saldin Ida	Saldin Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Va.	Va.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-1-13 at 11 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dell Watt Boyer MD (Physician or midwife)

Address Saldin Ida

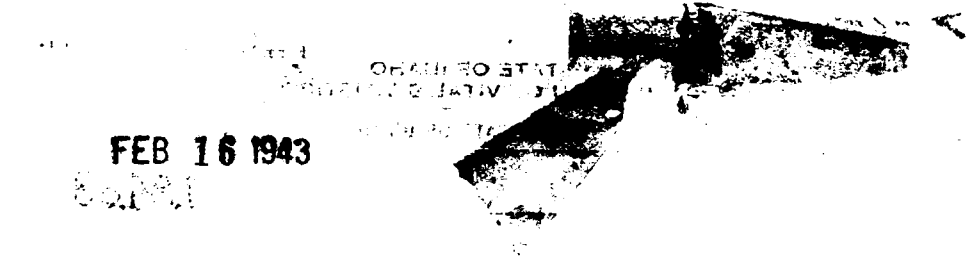
Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-2 1913 Dell Watt Boyer Registrar

S-Y CO. 24658



FEB 16 1943

249-203-007-248

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Blaine

City of Hill City (2 Mi. S & 1 mi W.) Registration District No. 58 File No. 18469

No. ..... St.

Primary Registration District No. 2138 Registered No. 41

Hospital .....

FULL NAME OF CHILD Mildred Frieda Burnet

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Dec 3 1913

FATHER		MOTHER	
FULL NAME	Fred A Burnet	FULL MAIDEN NAME	Florence Parker
RESIDENCE	Blaine Co. Hill City P.O.	RESIDENCE	Blaine Co Hill City P.O.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Iowa	BIRTHPLACE	Maine
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C R Bloom M. D.
(Physician or midwife)

Address Hill City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12 6 1913 Dewitt P. Higgs Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

13469

515-110-007-899

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. _____ St.

Hospital _____

Registration District No. 58 File No. 18470

Primary Registration District No. 2138 Registered No. 42

FULL NAME OF CHILD Loy LeVerne Vauskike

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 10 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm Vauskike	FULL MAIDEN NAME	Ruby Hire
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-10-13 at 3 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Soldier Ida

Filed 12 11 1913 DeWitt B Higgs
Registrar

Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

666-21-007-749

Form V. S. No. 11-C—25m-1-1-19

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kansas

City of Soldier

No. ..... St.

Registration District No. 58 File No. 18471

Primary Registration District No. 238 Registered No. 43

Hospital .....

FULL NAME OF CHILD Alice May Ward

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 11 1913

FATHER		MOTHER	
FULL NAME	Jas Ward	FULL MAIDEN NAME	Flora Gannon
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Miss.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 12-11-13 at 10 P. M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Briggs M.D. (Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report. ..... 19.....

Filed 12-12-1913 Dewitt Briggs Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 7 1966

DECEASED

958-216-007-958

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Fairfield

No. ..... St.

Hospital .....

Registration District No. 58 File No. 18472

Primary Registration District No. 2138 Registered No. 44

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	12 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	D.O. Reynolds	FULL MAIDEN NAME	Laura Reynolds
RESIDENCE	Fairfield	RESIDENCE	Fairfield Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-16-13 at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Higgs
M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 12-17 1913 DeWitt P. Higgs
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-304629

695 - 218-007-613

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-19

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ..... St.

Hospital .....

Registration District No. 38 File No. 18473

Primary Registration District No. 2138 Registered No. 45

FULL NAME OF CHILD Birdie Leroy Finch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	12 16 1913

FATHER		MOTHER	
FULL NAME	Eugene Finch	FULL MAIDEN NAME	Eva Watt
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-18-13 (Born alive or stillborn) at 8 30 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B. Higgs M.D.

(Physician or midwife)

Address Soldier Idaho

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 12-18 1913 DeWitt B. Higgs Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

K

APR 28 1958

DECEASED

MARGIN [illegible] FOR BINDING

WRITE PLAINLY WITH UNFA[illegible] A PERMANENT RECORD

N. B. In case of more than one child [illegible] be made for each and the number of each, in order of birth [illegible]

[illegible] STATISTICS

County of Blaine

City of Mansard

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

18474

Registration District No. 58 File No. .....

Primary Registration District No. 2138 Registered No. 46

FULL NAME OF CHILD Warren ~~XXXXXX~~ CLAUDE Laird

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	12 (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lewis Laird	FULL MAIDEN NAME	Lenella Hartman
RESIDENCE	Mansard Ida	RESIDENCE	Mansard Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12 22-13 at 10 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt B. Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address Soldier Ida

Filed 12-24 1913 DeWitt B. Higgs
Registrar

S-Y CO. 24655

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Union } ss.

Certificate No. 13474

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or ~~Death~~)
for Warren Claude Laird (Name on Original Certificate) who Born (Was Born or Died) on Dec 22nd 1913 (Date of Event)
in Fairfield (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Warren Paul	Warren Claude Laird

Subscribed and sworn to before me this 16th day of May, 1942

Notary Public, residing at Island City Ore.

My commission expires April 13th 1945
(Seal)

Signed Lewis B. Laird
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 5 Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 18 1942

MAY 20 19[illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

CERTIFICATE OF BIRTH

County of Blaine

City of Canal

No. ..... St.

Hospital .....

Registration District No. 58 File No. 18475

Primary Registration District No. 2138 Registered No. 47

FULL NAME OF CHILD Agnes Muriel McCarter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	12 (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm McCarter	FULL MAIDEN NAME	Matter Thorpe
RESIDENCE	Canal, Ida	RESIDENCE	Canal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 12-30-13 at 4 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DelWitt P. Higgs

M. D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Soldier Ida

Filed 12-31 1913 DelWitt P. Higgs
Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

JUN 2 3 1943

PLACE

AUG 2 0 1975

255-125-019-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Custer

City of Mackay

No. ..... St.

Hospital .....

Registration District No. 109 File No. 16476

Primary Registration District No. 2187 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 25 1913

FATHER		MOTHER	
FULL NAME	Robert Kent	FULL MAIDEN NAME	Lulu M Howell
RESIDENCE	Mackay	RESIDENCE	Mackay
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. P. E. Mason

Physician (Physician or midwife)

Address Mackay Ida

Given names added from a supplemental report

..... 19.....

Filed 12/27 1913

S-Y CO. 20174

Registrar

J. P. Richards Registrar

Form V. S. No. 11-0—[illegible]

[redacted] IDAHO

BU[redacted]AL STATISTICS

[redacted] BIRTH

Registration District No. _____ File No. 18476

Primary Registration District No. _____ Registered No. _____

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

CHILD

Twin
Triplet
or other
(To be answered)

FATHER

AGE AT
BIRTH

CE

AGE

ION

Mailing prepaid blank

CERTIFIC

Date Sent of this cert

Complete at report

Reg

231 - 209-014-793

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Registration District No. 3

File No. 18479

Primary Registration District No. 2005

Registered No. 239

Hospital No

FULL NAME OF CHILD Pauline Della Staats

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec. 9 1913

FATHER		MOTHER	
FULL NAME	Ralph Staats	FULL MAIDEN NAME	Kathryn Ritts
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Okl.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... One.

Number of children of this mother now living, including present birth ... One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. B. & J. L. Miller BM

(Physician or midwife)

Address Caldwell - Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 17 1913 John D. Myers

..... Registrar

8-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1955

795-110-014-433

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 18480

Primary Registration District No. 2005 Registered No. 240

FULL NAME OF CHILD Vernon Greenfield

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Dec 10 1913

FATHER		MOTHER	
FULL NAME	C. Greenfield	FULL MAIDEN NAME	Celia McCullough
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	[redacted]	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ind.	BIRTHPLACE	Ind.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. S. J. Miller

(Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

..... 19.....

Filed Dec. 17 1913 John S. Meyer Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-212-014-266

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell R.F.D. Registration District No. 3 File No. 18481

No. ..... St. Primary Registration District No. 2005 Registered No. 241

Hospital No.

FULL NAME OF CHILD Pearl Theresa Kelly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	12 — 12 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. H. Kelly.	Pearl Koff.
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	30
BIRTHPLACE	Wisc.	Cal.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 alive

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

(Physician or midwife)

Address Caldwell - Idaho.

Given names added from a supplemental report

....., 19.....

Filed Dec. 17 1913 John D. Meyer
Registrar

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 21 1953

AUG 28 1975

819-113-014-253

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

Registration District No. 3 File No. 18482

Primary Registration District No. 2005 Registered No. 242

FULL NAME OF CHILD Willard Harling

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	12 - 13 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. N. Harling.	FULL MAIDEN NAME	Mattie Kelly.
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Tenn.	BIRTHPLACE	Texas.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller

BN

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Caldwell Ida

Filed Dec. 17 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF OHIO

CERTIFICATE OF BIRTH

366-114-014-633

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 18483

Primary Registration District No. 2005 Registered No. 243

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Oct 14 1913

FATHER		MOTHER	
FULL NAME	Lowell T Low	FULL MAIDEN NAME	Nora E. Ott
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ole Hall MD
Star Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan. 2 1914 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-353665

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Caldwell

No. ..... St.

Hospital No.

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 18484

Primary Registration District No. 2005 Registered No. 244

FULL NAME OF CHILD HENRY AITCHISON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	12 - 15 - 13

FATHER

FULL NAME: Robt. Aitchison

RESIDENCE: Caldwell

COLOR: white AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Canada

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Alice Kelley

RESIDENCE: Caldwell

COLOR: white AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Australia

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5th

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 - P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. S. J. Miller B.M.

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 2 1914 John S. Meyer

Registrar

S-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada } ss.
County of [illegible]

DEC 18 1941

Certificate No. 18484
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of [illegible] (Birth or death)

for Aitchison (Name on original certificate) who [illegible] (Was born or died) on (Date of event)

in [illegible] (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Memory (Bible record, insurance policy, etc.) prepared on Dec. 2 - 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	First name omitted	Henry
Henry Aitchison		Henry Aitchison

Subscribed and sworn to before me this 2nd day of December, 1941

Signed Robert Aitchison Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at McDermitt Nev

My commission expires Nov. 23 1943

McDermitt Nevada
(Street Address, City, State)

[SEAL]

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of any credible person other than the previous affiant.)

Notary Public, residing at

My commission expires

(Street Address, City, State)

[SEAL]

Received for filing on DEC 18 1941 By
(Registrar's signature)

AUG 11 1969

415-222-014-319

Form V. S. No. [illegible]—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 3rd and Elgin St.

Hospital

Registration District No. 3 File No. 18485

Primary Registration District No. 1005 Registered No. 245

FULL NAME OF CHILD Effie Alta Davison.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Fema		Yes	Dec. (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Owen N. Davison	FULL MAIDEN NAME	Bertie C. Carpenter
RESIDENCE	Caldwell. Idaho.	RESIDENCE	Caldwell
COLOR	White. AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White. AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S. Meyer

(Physician or midwife)

Given names added from a supplemental report

19

Address Caldwell - Idaho.

Filed Dec. 23 1913 John S. Meyer Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1943

Dup OD 1913-205929

389-223-014-699

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Star Idaho

No. _____ St.

Hospital _____

Registration District No. 3 File No. 18486

Primary Registration District No. 2005 Registered No. 246

FULL NAME OF CHILD Anna Emelie

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	single	2nd	yes	Dec. 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Imer Christensen	FULL MAIDEN NAME	Dola Wright
RESIDENCE	Star Ida.	RESIDENCE	Star Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer.	OCCUPATION	housekeeper.

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on above date at 5 a. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Notus Idaho.

Filed Dec. 26 1913 John L. Meyer Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20

292-201-029-693

[redacted] n V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF ID[redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 64 File No. 18487

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Beatrice Marie Bishop

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Dec 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wilbert C Bishop.	FULL MAIDEN NAME	Martha Jane Weeks.
RESIDENCE	Troy	RESIDENCE	Troy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Virginia
OCCUPATION	Common Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 1st 1913 at 7:20 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Wolson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Troy Idaho

Filed Dec 2 1913 C V. Johnson

Registrar Registrar

9-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IO
BUREAU OF VITAL

CERTIFICATE OF BIRTH

SEP 8 1943

253-110-029-225

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 64 File No. 18488

Primary Registration District No. 2144 Registered No. .....

FULL NAME OF CHILD Henry Curtiss Bellomy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 10 1913

FATHER		MOTHER	
FULL NAME	Robt L. Bellomy	FULL MAIDEN NAME	Susan C Skeen
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	West Va	BIRTHPLACE	West Va.
OCCUPATION	Common Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 10—1913 at 9:50 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Wolson

Troy (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Troy Idaho

Filed Dec 11 1913 C. V. Johnson Registrar

Registrar

S-Y CO. 24693

FEB 10 1942

265-217-029-127

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18489

County of Latah

City of Troy

Registration District No. 64

File No.

No. St.

Primary Registration District No. 2144

Registered No.

Hospital

FULL NAME OF CHILD Martha Evelina Svenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Dec 17 1913

FATHER		MOTHER	
FULL NAME	Peter Svenson	FULL MAIDEN NAME	Martina Asplund
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	53	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Sweden	BIRTHPLACE	Wis.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 17 1913 at 9:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report.

Dec 17 1913

C. V. Johnson
Registrar

Filed Dec 17 1913

C. V. Johnson
Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 9 1971

135-231-029-813

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Troy

Registration District No. 64

File No. 18490

No. ..... St.

Primary Registration District No. 2447

Registered No. .....

Hospital .....

FULL NAME OF CHILD Lenna Maxine Alexander

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Dec 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Victor B. Alexander	FULL MAIDEN NAME	Olive Halliday
RESIDENCE	Ruebens Idaho	RESIDENCE	Ruebens Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Lewiston Idaho	BIRTHPLACE	Troy Idaho
OCCUPATION	Telegraph Operator	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Dec 31 1913 at 7:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Troy Idaho

Filed Jan 31 1913 C. V. Johnson

Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 31 1955

619-129-029-263

Amended 11-21-61 (Be sure the information is complete and accurate)

State File No. 18492

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 64

1. PLACE OF BIRTH	2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. COUNTY: Latah	a. STATE: Idaho b. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):	d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)	a. (First)	b. (Middle)	c. (Last)
	James	Clempson	Harris

4. SEX	5a. THIS BIRTH			5b. IF TWIN OR TRIPLET (This child born)			6. DATE OF BIRTH	(Month)	(Day)	(Year)
Male	SINGLE [X]	TWIN [ ]	TRIPLET [ ]	1ST [ ]	2ND [ ]	3RD [ ]		Sept.	29,	1913

FATHER OF CHILD

7. FULL NAME	a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
	John	C.	Harris	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
YEARS	Kansas	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME	a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
	Minnie		Bottorff	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
33 YEARS	Nebraska	5		

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

	18a. SIGNATURE	18b. ATTENDANT AT BIRTH
I hereby certify that this child was born alive on the date stated above.	J. C. Harris	M. D. [ ] MIDWIFE [ ] OTHER (Specify) Father
	18c. ADDRESS: Troy, Idaho	18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.	20. REGISTRAR'S SIGNATURE	21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)
Sept. 30, 1913	C.V. Johnson	

FOR MEDICAL AND HEALTH USE ONLY
(This section MUST be filled out)

22a. LENGTH OF PREGNANCY	22b. WEIGHT AT BIRTH	23. Was a standard serological test for syphilis performed? YES [ ] NO [ ]

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 18492

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for James Clempson Harris (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Sept. 29, 1913 (DATE OF EVENT)
in TROY, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Aug. 29, 1927 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	James Clemton	James Clempson Harris

Subscribed and sworn to before me this 4th.
day of November, 19 61.

Notary Public, residing at Spokane, Wash.
My commission expires Nov. 4, 1963
(SEAL)

Signed sister of James Clempson Harris
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

518 West Indiana, Spokane, Washington
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASHINGTON } ss.
County of Spokane }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of November, 19 61.

Notary Public, residing at Spokane, Washington
My commission expires Nov. 4, 1963
(SEAL)

Signed Walter L. Tubbs
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

Application for National Service Life Insurance, April 1, 1943, gives full name of insured as James Clempson Harris, born Sept. 29, 1913 at Troy, Idaho, age nearest birthday-30, date of entry into present tour of active duty Mar. 3, 1943, Rank-Pvt. and serial number 39125155 - beneficiary is given as Minnie Elverta Harris, mother - viewed by V.S.

War Department, Application for Family Allowances, Mar. 5, 1943, gives full name of soldier as James Clempson Harris, Pvt. - viewed by V.S.

819-221-031-845

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Nez Perces

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 18491

Primary Registration District No. 27

Registered No. .....

FULL NAME OF CHILD Louida Opene Handman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	11/21/13

FATHER		MOTHER	
FULL NAME	Owen M. Handman	FULL MAIDEN NAME	Nellie May Stuntz
RESIDENCE	Steele	RESIDENCE	Steele
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Dec 13 J. M. Lyle Registrar

8-Y CO. 24655

JUL 30 1968

613 - 118-035-243

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perces

City of Melrose

No. ..... St.

Hospital .....

Form V. S. ... 1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 18494

Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD William Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	11 18 1913

FATHER		MOTHER	
FULL NAME	John Watson	FULL MAIDEN NAME	Eva Buchholz
RESIDENCE	Melrose	RESIDENCE	Melrose
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	California
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lyle M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed NOV 1913 19.....

J. W. Lyle Registrar

S-Y CO. 24658

[redacted]

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1894

235-204-035-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Nez Perces

City of Melrose

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93

Primary Registration District No. 2171

File No. 18495

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child: F	Twin, Triplet or other? (To be answered only in event of plural births): and	Number in order of birth: 5	Legitimate? Yes	Date of Birth: Nov (Month) 4 (Day) 1913 (Year)	

FATHER

FULL NAME: G. C. Stevens

RESIDENCE: Melrose

COLOR: W AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Oreg

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Julia Johnson

RESIDENCE: Melrose

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wash

OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at P M

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Clark

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed NOV. 19 13

J. M. Lyle Registrar

S-Y CO. 24655

1934

238-201-031

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lewis

City of Peck

No. ..... St.

Hospital .....

Registration District No. 93

Primary Registration District No. 2171

File No. 18496

Registered No. .....

FULL NAME OF CHILD Verla Evelyn Schadt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F	3	Yes	11 (Month) / 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. D. Schadt	FULL MAIDEN NAME	Mary Murray
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Peck

Filed Nov. 1913

J. M. Lyle
Registrar

S-Y CO. 24655

Form V.S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 7 1956

569-227-035-751

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 18497

Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		3	Yes	10/27/1913

FATHER		MOTHER	
FULL NAME	J. W. Morris	FULL MAIDEN NAME	Ada C. Pearson
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Mo.	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	Oreg
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Filed Oct 19 13 J. M. Lyle Registrar

8-Y CO. 24655

1837

256-127-035-815

PLACE OF BIRTH

County of Nez Perces

City of Peck

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-18

CERTIFICATE OF BIRTH

Registration District No. 93

File No. 18498

Primary Registration District No. 2171

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		3	Yes	10-27-13

FATHER		MOTHER	
FULL NAME	Dallas M. Knowlton	FULL MAIDEN NAME	Jessie Hand
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Oreg.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born dead at 9 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19....

Filed Oct 19 13

..... Registrar

J. M. Lyle Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

18498

168-224
018-793

[redacted]ACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Clearwater Lenore R F D 1

Registration District No. 93

File No. 18499

No. ..... St.

Primary Registration District No. 2171

Registered No. .....

Hospital .....

FULL NAME OF CHILD Chrystal Johnson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F	4	Yes	Oct 24 1913

FATHER		MOTHER	
FULL NAME	I. J. Johnson	FULL MAIDEN NAME	Anna N. Gilmore
RESIDENCE	Lenore R.F.D. 1	RESIDENCE	Lenore R.F.D. 1
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	W. Va.	BIRTHPLACE	W. Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Peck

Filed Nov. 2 1913

J. M. Lyle
Registrar

Registrar

S-Y CO. 24656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and this number of each, in order of birth stated.

Form V. S. No. 1

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Okanogan

City of Tonasket R. F. D. 1

Registration District No. 93

File No. 18500A

No. ____ St.

Primary Registration District No. 271

Registered No. ____

Hospital ____

FULL NAME OF CHILD MARCIA FERN RUTLEDGE

Sex of Child F. | Twin Triplet or other? (To be answered only in event of plural births) | and Number in order of birth 2 | Legitimate? Yes | Date of Birth 10-18-1913 (Month) (Day) (Year)

FATHER

FULL NAME Steven E. Rutledge

RESIDENCE Tonasket R. F. D. 1

COLOR W. AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Wash

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Rena Walker

RESIDENCE Tonasket R. F. D. 1

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Wash

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:45a M on the date above stated.

(Signature) J. M. Lyle M. D.

(Physician or midwife)

Address Peek

Filed Nov. 1 1913 J. M. Lyle Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

S-Y CO. 24658

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of Asotin } ss.

Certificate No. 18500a

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Rutledge (Name on Original Certificate) who was born (Was Born or Died) on October 18, 1913 (Date of Event)
in Peck (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family bible (Bible Record, Insurance Policy, Etc.) prepared on October, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Marcia Fern Rutledge

Subscribed and sworn to before me this 16th day of July 19 42

Notary Public, residing at Clarkston, Wash

My commission expires 5-2-46
(Seal)

Signed Rena Walker Rutledge parent.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Boston Ave., Clarkston, Washington
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of Asotin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of July 19 42

Notary Public, residing at Clarkston, Wash

My commission expires 5-2-46
(Seal)

Signed Stephen Odell Rutledge Parent
(Signature of Any Credible Person Other Than Previous Year)

Boston Ave., Clarkston, Washington
(Street Address, City, State)

JUL 17 1942

JUL 2 0 1942

OCT 15 1942

995-118-018-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Clearwater

City of Lenore R.F.D. 1

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 93 File No. 18500 B

Primary Registration District No. 2171 Registered No. .....

FULL NAME OF CHILD Sammie Lyle Zinn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		2	Yes	Sept 18 1913

FATHER

FULL NAME Otis Zinn

RESIDENCE Lenore R. F. D. 1

COLOR W AGE AT LAST BIRTHDAY 42 (Years)

BIRTHPLACE W. Va.

OCCUPATION Teacher

MOTHER

FULL MAIDEN NAME Edna Lyle Ferguson

RESIDENCE Lenore R. F. D. 1

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE W. Va

OCCUPATION Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:20 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Address Peck

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 9-31 1913 J. M. Lyle Registrar

S-Y CO. 24655

FEB 7 1961

168-203-03

PLACE OF BIRTH

County of Ney Perce

City of Peck

No.

Hospital

District No. 93

File No. 18501

Registration District No. 2171

Registered No.

FULL NAME OF CHILD Ruby Marie Johnson

Sex of Child	Twin Triplet or other? and (Number in order of birth)	Legitimate?	Date of Birth
F	2 (To be answered only in event of plural births)	Yes	Sept. 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ernest Edward Johnson	FULL MAIDEN NAME	Mary Ann Graham
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Oreg	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6:30 A M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or midwife)

Given names added from a supplemental report.

Address Peck

19

Registrar

Filed Oct 19 13

J. M. Lyle

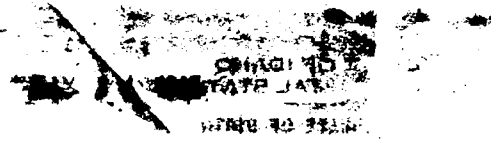
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



109630

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 18501

County of Ny Perce } Date Filed JUN 11 1945

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ruby Marie Johnson (Name on Original Certificate) who Born (Was Born or Died) on Sept 3 1913 (Date of Event) in Peck Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by 8th grade diploma (Bible Record, Insurance Policy, Etc.) prepared on May 28 1928 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Johnson	Ruby Marie Johnson

Subscribed and sworn to before me this 1 day of 1945 19

G. C. [illegible]

Notary Public, residing at IDAHO RESIDING AT LEWISTON

My commission expires MY COMMISSION EXPIRES JULY 31, 1945

(Seal)

Signed Mary Johnson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Peck, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Ny Perce }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of June, 1945

O. M. Mackey

Notary Public, residing at IDAHO RESIDING AT LEWISTON

My commission expires NOTARY PUBLIC FOR IDAHO RESIDING AT LEWISTON

(Seal) THEREON MY COMMISSION EXPIRES [illegible]

Signed J. M. Feile M.D.

(Signature of Any Credible Person)

(Street Address, City, State)

Lewiston Ida

819-[redacted]-34

[redacted]GE OF BIRT[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County Cassia

City of Oakl[redacted]

[redacted]tration District No. 120 File No. I 18502

No.

[redacted]ary Registration District No. 799 Registered No. 60

Hospital

FULL NAME OF CHILD Virginia Harris

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	July 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. G. Harris	FULL MAIDEN NAME	Anna Blumm
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Government Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 30 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

Address Oakley Idaho

19

Filed 12/30 1913

Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/24/41 /Z.J.

APR 17 1972

419 - 129 - 016 - 795

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18503

Primary Registration District No. 299 Registered No. 61

FULL NAME OF CHILD Chas. Rexall Marsh

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Marsh	FULL MAIDEN NAME	Florence Green
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. F. O. Nelson
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 12/30 1913

Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

951-201-016-264

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18504

Registration District No. 120 File No. ~~120~~ 11

Primary Registration District No. 2199 Registered No. 56

FULL NAME OF CHILD Sarah Carma Read

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Dec 1 1913

FATHER		MOTHER	
FULL NAME	Joseph Read	FULL MAIDEN NAME	Liza Tollerton
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

none 19

Given
Registrar

Address

Filed 12/21 19 E. P. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 1 4 1975

219-221-016-391

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley - Basin

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. I 18505

Primary Registration District No. 2199 Registered No. 57

FULL NAME OF CHILD Bartholomew

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 21 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Bartholomew	FULL MAIDEN NAME	Mary Tracy
RESIDENCE	~~Oakley~~ Basin	RESIDENCE	~~Oakley~~ Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 1.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

Nov 19

[illegible]
Registrar

Address

Filed 12/30 1913

[illegible]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

319-217-016-462

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18506

Primary Registration District No. 7199 Registered No. 58

FULL NAME OF CHILD Larsen Goldie Edna

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	August Larsen	FULL MAIDEN NAME	Edna Moore
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

Address

Filed 12/30 19

Registrar

Registrar

S-Y CO. 24655

MAR 28 1957

SEP 8 1965

384-115-016-539

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. I 18507

Primary Registration District No. 2199 Registered No. 59

FULL NAME OF CHILD Knight

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas L. Knight	FULL MAIDEN NAME	Estella Elison
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.10 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

given Registrar

Address [signature]

Filed 12/30 1913 [signature] Registrar

S-Y CO. 24652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 276520 HAIGHT

Z surname

141-216-016-659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Cassia

City of Yale

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 170 File No. 18508

Primary Registration District No. 2499 Registered No. 62

FULL NAME OF CHILD Martha Rosena Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	12-16-1913

FATHER		MOTHER	
FULL NAME	John Adams	FULL MAIDEN NAME	Rosena Werre
RESIDENCE	Yale Idaho.	RESIDENCE	Yale Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Farmer.	OCCUPATION	Housework

Number of child of this mother, including present birth. One

Number of children of this mother now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 12:50 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Gertha C. Grayot

Midwife (Physician or midwife)

Address Neeley, Idaho.

Given names added from a supplemental report

....19....

....Registrar

Filed 1-3 1914

Registrar

8-Y CO. 20174

SEP 2 1 1946

962-210-016-997

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of near Oakley Hazel

Registration District No. 120 File No. I 18509

No. St.

Primary Registration District No. 2199 Registered No. 64

Hospital

FULL NAME OF CHILD Frances Vivian Ross

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) 10 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry Ross	FULL MAIDEN NAME	Catherine Riggs
RESIDENCE	Near Oakley	RESIDENCE	Hazel Near Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Cement Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) None in attendance
(Physician or midwife)

Given names added from a supplemental report

19

Address ~~Oakley~~ Hazel Idaho

Filed 1-4 1914 E P Oldham
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF
BUREAU OF VITA

CERTIFICATE

BIRTH

JUL 13 1953

769-112-016-432

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18510

Registration District No. 120 File No. I

Primary Registration District No. 2199 Registered No. 65

FULL NAME [redacted] Gorringe — Alfred Nile

[redacted] X Legitimate? yes Date of Birth 12-12-1913 (Month) (Day) (Year)

[redacted] plural births)

[redacted] Alfred Gorringe		FULL MAIDEN NAME	MOTHER Hetty McBride
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White AGE AT LAST BIRTHDAY 40 (Years)	COLOR	White AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9 58 9 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Given names added from a supplemental report

none given 19

Address Oakley Idaho

Filed 1-4 1914 E. P. Oldham

Registrar Registrar

S-Y CO. 20174

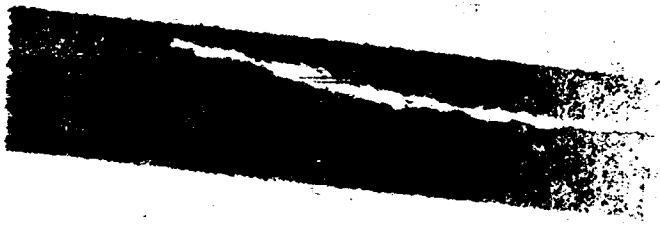
K

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RECORD for each and the number of each, in order of birth

SEP 8 1975



315-121-016-458

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18511

Registration District No. 120 File No. I

Primary Registration District No. 799, Registered No. 66

FULL NAME OF CHILD Lloyd Tanner

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	12 (Month) 21 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Raphael A Tanner	FULL MAIDEN NAME	Juliette McLaws
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD
(Physician or midwife)

Given names added from a supplemental report

none given 19.....

Address Oakley Ida

Filed 1-4 1914

Registrar Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1970

11-2-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Cassia } ss.

RECEIVED MAY 5 - 1971 Bureau of Vital Statistics

Certificate No. 18511

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Tanner (Name on Original Certificate) who was born (Was Born or Died) on Dec. 21, 1913 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Lloyd Tanner

Subscribed and sworn to before me this 26th day of April, 1971

J. A. Parsons

Notary Public, residing at Burley Idaho

My commission expires 7/10/74

(Seal)

Signed Katie Overson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

801 Miller ave Burley Idaho 83318

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 1971

J. A. Parsons

Notary Public, residing at Burley Idaho

My commission expires 7/10/74

(Seal)

Signed Elden A Tanner

(Signature of Any Credible Person)

1743 Conant ave Burley Idaho 83318

(Street Address, City, State)

FORM DH 60-155 1cp pd rec #3274 correction corresp (T)

Certificate of Blessing from LDS Church, McKinley Ward, Temple View Stake gives name as Lloyd Tanner son of Raphael Alva Tanner and Jueliaetla McLaws. Born Dec. 21, 1913 at Oakley, IDaho. Was Blessed April 5, 1914 by Elam McBride and Elder of the LDS Church. Signed by. Gary E. Galuielson, Bishop. and Merlin F. Park, Cler Viewed by V. S.

MAY 1 0 1971

Application to American National Insurance Company Credt Insurance Division. gives name as Lloyd Tanner. Born Dec. 21, 1913 at Oakley, Idaho. Dated May 2, 1966. Signed by William J.Kalgrow, Dallas #AF Anico #1005. Viewed by V. S.

433-222-016-962

Form V. S. No. 11-C—20m/2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Churchill-Marion Registration District No. 120 File No. I 18512

No. ..... St. Primary Registration District No. 2199 Registered No. 67

Hospital .....

FULL NAME OF CHILD Ina Marvel McLaws

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	yes	12 (Month) 22 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel R McLaws	FULL MAIDEN NAME	May I. Robison
RESIDENCE	near Marion	RESIDENCE	near Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

none 19

Given Registrar

Filed 1-4 1914 Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C - 20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 30 1967

CERTIFICATE OF BIRTH APR 24 1967

432-227-016-419

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 170 File No. I 18513

Primary Registration District No. 2199 Registered No. 68

FULL NAME OF CHILD George Eletta McBride

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	X		X	Yes	12 (Month) - 27 (Day) - 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John J McBride	FULL MAIDEN NAME	Addie Marcus
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	Louisiana
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldham MD

(Physician or midwife)

Given names added from a supplemental report

none 19

given Registrar

Address Oakley Idaho

Filed 1.4 1914 E. P. Oldham Registrar

20174

ARGIN RESERVED FOR BINDING
NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1974

243-203-016-314

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 120 File No. 5 18515

No. _____ St.

Primary Registration District No. 2199 Registered No. 50

Hospital _____

FULL NAME OF CHILD Alta Butler

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Nov 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Butler	FULL MAIDEN NAME	Lois Campbell
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. O'Nielson
Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

none 19

Vian
Registrar

Address E. P. Oldham

Filed 12/21 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1970

213-205-016-154

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18516

Primary Registration District No. 2199 Registered No. 51

FULL NAME OF CHILD Emily Claire Bates

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Nov. 5 1913

FATHER		MOTHER	
FULL NAME	Glenn Bates	FULL MAIDEN NAME	Sarah Anderson
RESIDENCE	Oakley, Idaho	RESIDENCE	Oakley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. K. O. Nielson
Oakley, Idaho
(Physician or midwife)

Given names added from a supplemental report.

none 19

Given
Registrar

Address

Filed 12 Nov 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296-210-016-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 130 File No. 18517

Primary Registration District No. 2199 Registered No. 57

FULL NAME OF CHILD Violet Bronson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov. 16 — 13

FATHER		MOTHER	
FULL NAME	Lucien Bronson	FULL MAIDEN NAME	Ruth Taylor
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Nielson

(Physician or midwife) Oakley Idaho

Given name added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12/21 19 13

Registrar

S-Y CO. 24655

MAR 3 1970

249-112-016-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. II 18518

Primary Registration District No. 2199 Registered No. 53

FULL NAME OF CHILD Joseph Carol Smith

Sex of Child	Twin Triplet or other and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		No	Nov. 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Clarissa Smith
RESIDENCE		RESIDENCE	Oakley
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR white	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	Musician

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

None 19....

Given

Registrar

Address .....

Filed 12/21 19 13 [illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 14 1942

231-116-016-299

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Marion

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. II 18519

Primary Registration District No. 2199 Registered No. 54

FULL NAME OF CHILD Lloyd A. Blake

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	F. Blake	FULL MAIDEN NAME	Briggs
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

none 19

Address

Given Registrar

Filed 12/21 1913 [signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 9 1975

3515

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS '75 NOV 20 9 39 AM

State of Idaho }
County of Canyon } ss.

Certificate No. 18519

Date Filed 11-25-75

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Blake, (Male) (Name on Original Certificate) who was born (Was Born or Died) on Nov 16, 1913 (Date of Event)
in Marion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lloyd A. Blake
Lloyd A. Blake		11-16-1913
11-25-75	11-16-1913	

Subscribed and sworn to before me this 24th day of Nov., 19 75.

Diane Brahm

Notary Public, residing at Maricopa County, Miss Az.

My commission expires 3-22-78

(Seal)

Signed Lloyd A. Blake

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona }
County of Maricopa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of Nov., 19 75.

Diane Brahm

Notary Public, residing at 510 S. Forest, Mesa, Az.

My commission expires 3-22-78

(Seal)

Signed [signature] (Signature of Any Credible Person)

510 S. Forest, Mesa, Ariz. (Street Address, City, State)

FORM DH 60- GS 11/19/75

Social Security Card (519-30-2807) gives name as Lloyd A. Blake. viewed by V. S.

Certif of Ordination to the Holy Priesthood gives name as Lloyd A. Blake. Ordained an Elder. on May 29, 1938. viewed by V. S.

DEC 1 1975

764-122-016-364

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. II 18520

Primary Registration District No. 2199 Registered No. 55

FULL NAME OF CHILD Ralph Henry Poulton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Nov. (Month) 22 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Poulton	FULL MAIDEN NAME	Leda Todd
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address _____

Filed 12/21 1913 E. F. Oldham
Registrar

Registrar

8-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

255-106-016-213

PLACE OF BIRTH

County of Cassia

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

City of Oakley

Registration District No. 120

File No. I 18521

No. ..... St.

Amended 4/4/77

Primary Registration District No. 2199

Registered No. 47

Hospital .....

FULL NAME OF CHILD David Kent Severe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec. 6 1918 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Geo. Severe	FULL MAIDEN NAME	Bertha Bale
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. O. Nielson

Oakley, Idaho

(Physician or midwife)

Given names added from a supplemental report.

none 19

Address .....

Filed 12/21 19 [illegible]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1971

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. R 4 3 23 AM '77 Certificate No. 18521

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for David Kent Severe (Name on Original Certificate) who was born (Was Born or Died) on Oct 6, 1913 (Date of Event)

in Oakley, Idaho (Cassia) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
sex of child	female	male

Subscribed and sworn to before me this 30th day of March, 1977

Alta Hunter

Notary Public, residing at Oakley Idaho

My commission expires May 8 1978

(Seal)

Signed Eugene Layton

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Cassia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1977

Alta Hunter

Notary Public, residing at Oakley Idaho

My commission expires May 8 1978

(Seal)

Signed Francis M Simmons

(Signature of Any Credible Person)

Oakley Idaho

(Street Address, City, State)

FORM DH 60-155

CL 3/14/77 1cc pd.

Child's birth certificate issued by State of Idaho on 11/23/60 for child born 7/16/42 gives father's name as David Kent Severe viewed by V.S.

Certificate of Ordination to the Holy Priesthood issued by LDS church on 2/8/31 gives name as David Kent Severe. viewed by V.S.

449-246-016-693

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120 File No. I 18522

Primary Registration District No. 2199 Registered No. 48

FULL NAME OF CHILD Claudia McMurray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth)	Legitimate?	Date of Birth
female		yes	Oct 16 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Roy McMurray	Lillian Wilson
RESIDENCE	Oakley	Oakley
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	28	26
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:30 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. O. Nielson

Oakley, Idaho (Physician or midwife)

Given names added from a supplemental report.

Address _____

Given _____ 19__

Filed 12 [illegible] [illegible] Registrar

Registrar

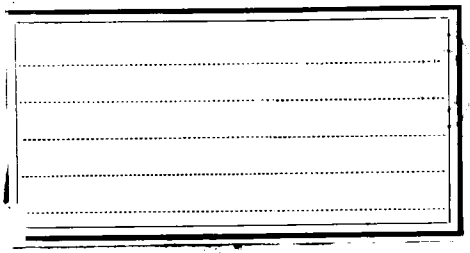
S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1978



ECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]-016-253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

Registration District No. 120

File No. I 18523

Primary Registration District No. 2199

Registered No. 49

FULL NAME OF CHILD Erma Lucile Hale

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Oct. 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bert Hale	FULL MAIDEN NAME	Lucille Pettigrew
RESIDENCE	~~Oakley~~ Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. E. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

Address

Given
Registrar

Filed 13/21 19 [illegible]

Registrar

S-Y CO. 24658

SEP 29 1964

Oakley Ida
June 4 1964

AFFIDAVIT

State File No. 18523 -

This is to certify my daughter Born at Island Cassia Co Idaho, Oct. 23, 1913 and was named Emma Lucille Hale attending physician the late Dr. [illegible] F. [illegible] Wilson, Testified by her father - (Albert B Hale) -

Witness

Subscribed and sworn to before me a Notary Public this 4th day of June 1964

Wallace A Hale

Notary Public Residing at Oakley, Idaho
My Commission Expires May 12, 1968

* 1 copy pd. rec. #969.

Albion State Normal School Fife-Year Certificate of Graduation, dated Sept. 1, 1934 gives full name as Erma Lucile Hale - viewed by V.S.

Original Family Record Book viewed, appears old and unaltered - Index to Individual History Pages-Page 6 and Page 25 gives full name as Erma Lucile Hale, born Oct. 23, 1913 at Island, Idaho - Cassia County - book is the property of Albert H. Hale, Jr., Oakley, Idaho - viewed by V.S.

753-105-016-819

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18524

Primary Registration District No. 2199 Registered No. 41

FULL NAME OF CHILD Harrell George Harrell Peters

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. R. Peters	FULL MAIDEN NAME	Opal Harrell Ova Harrell
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. B. O. Nielson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address .....

Filed 12/21 1913 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

165-111-016-695

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Island

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18525

Registration District No. 120 File No. I

Primary Registration District No. 2199 Registered No. 47

FULL NAME OF CHILD Clara Matilda Jones

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frank Jones	FULL MAIDEN NAME	Mabel Winward Warr
RESIDENCE	Island	RESIDENCE	Island
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. F. O. Nelson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

Nov 19..

Address .....

Filed 12/21 1913 E. P. O'Dhain Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 12 1974

466-112-016-432

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Hazel

No. _____ St.

Hospital _____

Registration District No. 120 File No. I 18526

Primary Registration District No. 2199 Registered No. 43

FULL NAME OF CHILD Lincoln Glen Moon

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hugh Moon	FULL MAIDEN NAME	McBride
RESIDENCE	Willow Creek	RESIDENCE	Willow Creek
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	55 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 A M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson

Oakley, Idaho (Physician or midwife)

Given names added from a supplemental report.

None 19

Address

Given

Registrar

Filed 12/21 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 27 1975

468-113-016-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18527

Primary Registration District No. 2199 Registered No. 44

FULL NAME OF CHILD Orlen Elwin Moyes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Sept. 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Mrx R Moyes	FULL MAIDEN NAME	Minnie Laker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 P. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 12/21 1913 [signature] Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 6 1975

413-114-016-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18528

Registration District No. 170 File No. I

Primary Registration District No. 2199 Registered No. 45

FULL NAME OF CHILD Emma Bale Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Sept. 14 1913

FATHER		MOTHER	
FULL NAME	H. O. Matthews	FULL MAIDEN NAME	Elsa Bale
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Matthews

Oakley Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19....

..... Registrar

Filed 12/21 19 13

Registrar

8-Y CO. 24655

JUL 3 1975

345-122-016-751

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital Archie

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 1 18529

Primary Registration District No. 2199 Registered No. 46

FULL NAME OF CHILD Floyd Lundy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Sept. 22 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. Lundy	FULL MAIDEN NAME	Ouia Peacher
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ✓ Number of children of this mother now living, including present birth ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 40 M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. O. Nielson

Oakley, Idaho (Physician or midwife)

Given names added from a supplemental report.

Nov 19

Address

Aim Registrar

Filed 12/21 1913 [signature] Registrar

B-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 8 1976

533-204-016-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18530

Primary Registration District No. 2199 Registered No. 38

FULL NAME OF CHILD Adam Ellis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Aug 4 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	[illegible] Ellis	FULL MAIDEN NAME	Rachel A Briggs
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (37) (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

Address

Filed 12/21 19 13

Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 12 1966

599-106-016-143

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18531

Primary Registration District No. 2199 Registered No. 39

FULL NAME OF CHILD Alma John Ericson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Aug 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Eric Ericson	FULL MAIDEN NAME	Zona Ault
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Address _____

Filed 12/27 1913 E. P. Oldham
Registrar

2-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-338202

253-130-016-331

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital Hyrum

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18532

Primary Registration District No. 2199 Registered No. 40

FULL NAME OF CHILD Ezra Bell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Aug. 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Ephraim Bell	FULL MAIDEN NAME	Sylvia Bell
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address .....

Filed 12/21 1913 [signature]

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CC 4/8/41 CP

214 - 210-016-434

Form V. S. No. 11-O

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18533

Primary Registration District No. 2199 Registered No. 19

FULL NAME OF CHILD Erma Lavaun Samuelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	ye	3 10 1913

FATHER		MOTHER	
FULL NAME	Lewis Samuelson	FULL MAIDEN NAME	Zelma McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson

Oakley, Idaho
(Physician or midwife)

Given names added from a supplemental report

Name ..... 19.....

Given .....

Registrar

Address .....

Filed 12/21 [illegible]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—80m-2-15-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 9 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 18533

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Samuelson (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1913 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Erma Lavaun Samuelson

Subscribed and sworn to before me this 4 day of April, 1972, 19..

Notary Public, residing at Long Beach

My commission expires Jan 1974

(Seal)

Signed C. H. Thompson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 205 Seattle Wa 98444

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Pacific }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 1972

Notary Public, residing at Long Beach

My commission expires Jan 1974

(Seal)

Signed Evelyn R. Jensen

(Signature of Any Credible Person)

Box 616, Rt 1 Long Beach, Wa 98631

(Street Address, City, State)

FORM DH 60-155 CL 3/9/72 lbc pd. rec. # 32895

Family Group Genealogy for Louis Elan Samulson and Zelma McMurray gives child's name as Erma Lavaun Samuelson born Mar. 10, 1913 at Oakley, Idaho. Viewed by V. S.

MAY 15 1972

Paper for sealing children gives child's name as Erma Lavaun Samuelson. Born March 10, 1913. dated June 7, 1928. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

156

County of Cassia

City of Basin

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 190 File No. I 18534

Primary Registration District No. 2199 Registered No. 20

FULL NAME OF CHILD Ritta E. Jeffs

Sex of Child female	Twin Triplet or other? and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth 3 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Jeffs	FULL MAIDEN NAME	Elsie Dayley
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. Nielson

Oakley, Idaho

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 12/21/13 19 E. P. Oldham Registrar

Registrar

S-Y CO. 20174

452-117-016-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18535

Registration District No. 170 File No. 2

Primary Registration District No. 2199 Registered No. 21

FULL NAME OF CHILD ~~H.O.~~ De Spain Ira

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	1	yes	3 17 1913

FATHER		MOTHER	
FULL NAME	H.O. De Spain	FULL MAIDEN NAME	Rose Whitaker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Laborer	OCCUPATION	Housefield

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 109 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N.B. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report

None 19.....

Address .....

Qiva
Registrar

Filed 12/21/13 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

897-219-016-299

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... *St.*

Hospital .....

Registration District No. 190 **File No.** 18536

Primary Registration District No. 2199 **Registered No.** 22

FULL NAME OF CHILD Ethel Highley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	yes	3 19 1913

FATHER		MOTHER	
FULL NAME	Wm Highley	FULL MAIDEN NAME	Cora E. Birch
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson (Physician or midwife)

Given names added from a supplemental report

None 19

Address Oakley Idaho

Filed 12/21 1913

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 -D51-1113

563-124-016-552

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18537

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. I

Primary Registration District No. 2199 Registered No. 23

FULL NAME OF CHILD Vera Mott

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	3	yes	3 24 1913

	FATHER		MOTHER
FULL NAME	Mott	FULL MAIDEN NAME	Ella Ecklund
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	California	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nielson

Oakley Idaho

(Physician or midwife)

Given names added from a supplemental report

Nov. 19.....

Address .....

Filed 12/21 1913 E. P. Johnson

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 20 1970

144-228-016-141

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. X 18538

Primary Registration District No. 7199 Registered No. 24

FULL NAME OF CHILD Clyde Adams Judd

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	3	yes	3 28 1913

FATHER		MOTHER	
FULL NAME	B. G. Judd	FULL MAIDEN NAME	Pearl Adams
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]
(Physician or midwife)

Given names added from a supplemental report.

None 19

Address Oakley Idaho

Filed 12/21 1923

[signature] Registrar

[signature] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1970

JUL 6 1971

545-130-016-313

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Vieu

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. E 18539

Primary Registration District No. 7199 Registered No. 78

FULL NAME OF CHILD Lloyd Cunningham

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	—	1	yes	3 (Month) 30 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joshua Cunningham	FULL MAIDEN NAME	Fanny Tolman
RESIDENCE	Vieu, Idaho	RESIDENCE	Vieu, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Nielson M.D.
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address Oakley Idaho

Filed 12/21 1913 E. P. Oldham
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1967

263-201-016-355

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18540

Primary Registration District No. 2199 Registered No. 26

FULL NAME OF CHILD Sockrider

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	2	yes	4 1 1913

FATHER		MOTHER	
FULL NAME	F. A. Sockrider	FULL MAIDEN NAME	M. F. Lee
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10 P. M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report.

None 19

Address Oakley Idaho

Filed 12/21 1913

Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 7 1966

718-111-016-344

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18541

Primary Registration District No. 2199 Registered No. 27

FULL NAME OF CHILD Elden Gray

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	2	yes	4 11 1913

FATHER		MOTHER	
FULL NAME	Max Gray	FULL MAIDEN NAME	Hazel Cummins
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

Address

Union Registrar

Filed 12/11 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dep of 1913 - 388969

294-216-016-252

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18542

Primary Registration District No. 2199 Registered No. 28

FULL NAME OF CHILD Vera Simmons

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	4 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. J. Simmons	FULL MAIDEN NAME	Bertha Sessions
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9 A. M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. O. Nielson

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

Nov 19

Given Registrar

Address

Filed 12/21 1913 [signature] Registrar

2-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

753-122-016-993

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

Registration District No. 120 File No. I 18543

No. ..... St.

Primary Registration District No. 2199 Registered No. 29

Hospital

FULL NAME OF CHILD Wm Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	yes	4 22 1913

FATHER		MOTHER	
FULL NAME	Nils Peterson	FULL MAIDEN NAME	Alice Millard
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 20. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. O. Nielsen

(Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report.

..... 19.....

Registrar

Filed 12/21 1913

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1975

319 - 126 016-363

Amended 8-31-70

PLACE OF BIRTH

Form V. S. No. 11-C—20m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

Registration District No. 120 File No. I 18544

Primary Registration District No. 7199 Registered No. 30

FULL NAME OF CHILD Freddie Tolman Larson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male	6	ye	4 26 1913

FATHER		MOTHER	
FULL NAME	Fred Larson	FULL MAIDEN NAME	Alice Tolman
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth ?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. L. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19

Registrar

Address

Filed 12/21 1913 E. P. Oldham
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 25 1942

SEP 1 1970

8-24-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
AUG 3 1 1970
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 18544

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Freda Tolman Larsen (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1913 (Date of Event)

in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Freda Tolman Larsen	Freddie Tolman Larson
Father's last name	Larsen	Larson

Subscribed and sworn to before me this 31st day of August, 1970

J. Lorraine Cartwright
Notary Public, residing at Boise
My commission expires 4-2-76
(Seal)

Signed Sidney R. Larson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

402 E. Jefferson Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Insurance Policy issued by New York Life Ins. Co. on March 4, 1931 gives name of Child as Freddied Tolman Larson and father's name as Fred Larson. Policy # 11 389 122.
Viewed by V.S.

Marriage certificate issued by State of Utah County of Salt Lake gives name of groom as Freddie Tolman Larson. Married Jan 30, 1940.
Viewed by V.S.

295-202-016-249

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. I 18545

Primary Registration District No. 2199 Registered No. 31

FULL NAME OF CHILD Pauline Lita King

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	1	yes	May 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph King	FULL MAIDEN NAME	Venela Bunn
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Nelson
Oakley, Idaho
(Physician or midwife)

Given names added from a supplemental report.

None 19....

Registrar

Address .....

Filed 12/21 1913 [signature]
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 8 1944

537-107-016-434

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18546

Primary Registration District No. 2199 Registered No. 32

FULL NAME OF CHILD John C. Elgquist

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	5 (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry Elgquist	FULL MAIDEN NAME	Flossie McMurray
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 99 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

Now 19__

Address _____

Filed 12/21 1913 E. P. O'Dohan
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

S39-208-016-141

Amended 4-27-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18547
Local Reg. No. 33
Reg. Dist. No. 120

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Oakley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*
a. (First): Annabell
b. (Middle):
c. (Last): Elison

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ___ TRIPLET ___
5b. IF TWIN OR TRIPLET (This child born): 1st ___ 2nd ___ 3rd ___
6. DATE OF BIRTH (Month) (Day) (Year): May 8, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): A.
c. (Last): Elison

8. AGE (At time of this birth): 33 YEARS
9. BIRTHPLACE (State of foreign country) (City or Town): Utah
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle): E.
c. (Last): Adams

13. AGE (At time of this birth): 29 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: A.F.O. Nielson
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ___ OTHER (Specify) ___
19. ADDRESS: Oakley, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 12/21/1913
22. REGISTRAR'S SIGNATURE: E.P. Oldham
23. DATE ON WHICH GIVEN NAME ADDED BY ___ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ___ NO ___ DATE ___

Was a standard serological test for syphillis performed? YES ___ NO ___ APPROXIMATE DATE ___

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address SION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Cassia }

RECEIVED JAN 7 1966 Bureau of Vital Statistics

Certificate No. 18547

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Annabelle Elison (Name on Original Certificate) who was born (Was Born or Died) on May 8, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Annabelle Elison	Annabell Elison
Full Maiden Name of Mother	May Adams	Mary E. Adams

Subscribed and sworn to before me this 18th day of November, 19 65

Notary Public, residing at Burley, Idaho

My commission expires

(Seal)

Signed Mary E. Elison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Malta, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 19 65

Notary Public, residing at Burley, Idaho

My commission expires

(Seal)

Signed Rachel E. Elison
(Signature of Any Credible Person)

1459 Burton Ave., Burley, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-9-65. one copy pd. rec. #5085.

Photo Copy of Geneology Record, states that John A Elison married Mary Emily Adams Oct. 5, 1904 - Mary E. A. Elison born Sept. 15, 1884 at Oakley, Idaho - baptized July 27, 1901 - also gives one child's full name as Annabell Elison, blessed at Oakley, Idaho on July 6, 1913 by Wallace A. Hale - viewed by V.S.

L.D.S. Church Family Record, gives full names as John Alfred Elison, born June 14, 1880; Mary Emily Adams, born Sept. 15, 1884 and Annabell Elison, born May 8, 1913 - appears old and unaltered - viewed by V.S.

755-107-016-553

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 120 File No. I 18548

Primary Registration District No. 2199 Registered No. 34

FULL NAME OF CHILD Ellis Olean Gee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male	4	yes	July 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Morris A. Gee	FULL MAIDEN NAME	Ida Nelson
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 3 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. O. Nielson

Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12/21 1913

..... Registrar

..... Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1944

689-219-016-299

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18549

Primary Registration District No. 2199 Registered No. 35

FULL NAME OF CHILD ~~[illegible]~~ Velma Irene White

Sex of Child	Twin Triplet or other? and Number in order of birth	Legitimate?	Date of Birth
female	9 (To be answered only in event of plural births)	yes	July 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm White	FULL MAIDEN NAME	Irene Brinn
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. O. Nielson
Oakley Idaho
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Address _____

Filed 12/21 1913 [illegible] Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

483-224-016-515

[redacted] OF BIRTH

[redacted] Oct. 15, 1954

County of Cassia

City of Churchill

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC W[redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 120 File No. 18550

Primary Registration District No. 2199 Registered No. 36

FULL NAME OF CHILD Berniece Uhlig
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		yes	July 24 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	G. Uhlig	FULL MAIDEN NAME	Addie Van Dyke
RESIDENCE	Churchill	RESIDENCE	Churchill
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Nebraska	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson

Oakley, Idaho
(Physician or midwife)

Give names added from a supplemental report.

Address .....

....., 192....

..... Registrar.

Filed 12/21 1913 E. P. Oldham
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 18550

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Bernice Uhlick (Name on Original Certificate) who was born (Was Born or Died) on July 24, 1913 (Date of Event) in Churchill, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Bernice Uhlick	Berniece Uhlig
Sex of Child	Male	Female
Father's Surname	Uhlick	Uhlig

Subscribed and sworn to before me this 13 day of Oct., 19 54.

Notary Public, residing at Twin Falls, Idaho
My commission expires 7/2/57
(Seal)

Signed Mrs. Addie M. Uhlig
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

[illegible] Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of Oct., 19 54.

Notary Public, residing at Twin Falls, Idaho
My commission expires 7/2/57
(Seal)

Signed [illegible]
(Signature of Any Credible Person)

[illegible]
(Street Address, City, State)

DPH 52.155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Cassia

City of Oakley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 120 File No. I 18551

Primary Registration District No. 2199 Registered No. 37

FULL NAME OF CHILD Algeau Oriatt Griffith

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	July 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Griffith	FULL MAIDEN NAME	Mary Sharp
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Oakley Idaho (Physician or midwife)

Given names added from a supplemental report.

none 19

Registrar

Address

Filed 12/21 1913

Registrar

S-Y CO. 24658

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 5 1942

PLACE OF BIRTH

DEC 12 1966

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]klin

City of Franklin

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18552

Primary Registration District No. 2119 Registered No. 177

FULL NAME OF CHILD Ivan Woodward.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 29 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Ivan Woodward	FULL MAIDEN NAME: Emily Rosina Hart
RESIDENCE: Franklin, Idaho.	RESIDENCE: Franklin, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Franklin, Idaho.	BIRTHPLACE: Bloomington, Idaho.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. States

Physician, (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed 1/6 1914 Dr A R Cutler Registrar

8-Y CO. 20174

[redacted]

536 - Amended 6-30-71319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18553

Primary Registration District No. 219 Registered No. 178

FULL NAME OF CHILD Leora Mae Elwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 29 1913

FATHER	MOTHER
FULL NAME: Isaac Elwell	FULL MAIDEN NAME: Francis Louise Carter
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Birmingham, England	BIRTHPLACE: Battle Creek, Idaho.
OCCUPATION: Tinsmith	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Stokes

Physician, (Physician or midwife)

Address Preston, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/6 1914 Dr A R Cullen Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 5 1956

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ARIZONA } ss.
County of MARICOPA

Certificate No. 18553

Date Filed

RECEIVED
JUN 23 1971
Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lorna May Elwell (Name on Original Certificate) who was born (Was Born or Died) on Dec. 29, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record, School Record (Bible Record, Insurance Policy, Etc.) prepared on 10-27-70, 5-26-31 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Lorna May Elwell	Leora Mae Elwell
Mother's fill maiden name	Franciis Lowise Carter	Francis Louise Elwell Carter

Subscribed and sworn to before me this 11th day of July, 1972

Notary Public, residing at Phoenix, Arizona

My commission expires MY COMMISSION EXPIRES APRIL 8, 1972
(Seal)

Signed Francis Louise Elwell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

CL 6/10/70 nm

FORM DH 60-155

Church Certificate of birth gives name as Leora Mae Elwell born December 29, 1913 in Preston, Franklin County, Idaho. Father - Isaac Elwell, Jr. Mother - Francis Louise Carter. Recorded in Oneida Stake, Preston 2nd Ward Record of Births and Blessings 1914. Feb. 1, 1914.

JUL 1 1971

Viewed by V.S

High School Diploma issued by Preston High school gives name as Leora Mae Elwell Graduated May 29, 1931. D. G. Eames, President of the Board of Education. J. E. Conie, Supt.
Viewed by V.S.

855-127-021-269

Form V. S. No. 11-C—26m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Clifton

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 18554

Primary Registration District No. 2119 **Registered No.** 176

FULL NAME OF CHILD Rep Francis

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 27 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert F. Henderson	FULL MAIDEN NAME	Edith Sorensen
RESIDENCE	Clifton, Idaho.	RESIDENCE	Clifton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Clifton, Idaho.	BIRTHPLACE	Menden, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Address Preston, Idaho.

Filed 1/6 1914 Dr A R Cutler *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-213-021-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18555

Primary Registration District No. 2119 Registered No. 182

FULL NAME OF CHILD Iona

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 13. 1913

FATHER		MOTHER	
FULL NAME	James A. Chadwick	FULL MAIDEN NAME	Minnie M. Jensen
RESIDENCE	Whitney Ida	RESIDENCE	Whitney
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Whitney Ida.	BIRTHPLACE	Denmark.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Ida

Filed 1/6 19 14 Allen R. Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 1 7 1988

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin

City of Bancida

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 18556

Primary Registration District No. 2119 Registered No. 187

FULL NAME OF CHILD Orlando Alder Dixon

Sex of Child: Male | Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth | Legitimate? Yes | Date of Birth: July (Month) 29 (Day) 1913 (Year)

FATHER

FULL NAME: Earnest E. Dixson

RESIDENCE: Bancida Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Clifton Ida

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Myrtle S. Alder

RESIDENCE: Bancida Ida

COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Preston Ida.

OCCUPATION: House wife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.32 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Curtis

Physician (Physician or midwife)

Address Preston Idaho.

Given names added from a supplemental report

..... 19.....

Filed 8/6 1913 Dr. Allen R Curtis Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MARGIN RESERVED FOR BINDING

Form V. S. No. 27B—5M-12-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1850

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Banida
Street and House No.
County Franklin

Registered Number 187
Registration District No. 27

Sex of Child Male

Date of Birth, 12 (Month) 29 (Day) 1913 (Year)

Full Name of Father: Earnest E. Lilyon

Full Maiden Name of Mother: Myrtle S. Calder

I HEREBY CERTIFY that the child described herein has been named:

Orlando Calder Lilyon
(Given name in full) (Surname)

as reported by Mother
(Father or Mother)

(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

493 - 210 - 021 - 913

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Whitney

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18557

Primary Registration District No. 2119 Registered No. 170

FULL NAME OF CHILD Helen

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	one	and	yes	Nov. 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Mitton,	FULL MAIDEN NAME	Ruth Rallison
RESIDENCE	Whitney Ida.	RESIDENCE	Whitney Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Paradise	BIRTHPLACE	Fairview, Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. T. Parkinson

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/1 1914 Dr A R Cutler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 7 1973

318-225-021-756

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Homes

Registration District No. 27 File No. 18558

Primary Registration District No. 219 Registered No. Dec 171

FULL NAME OF CHILD Florence Edna Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes,	Dec 25 1913

FATHER	MOTHER
FULL NAME George John Taylor	FULL MAIDEN NAME Agusta Elvira George.
RESIDENCE Preston	RESIDENCE Preston
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Preston	BIRTHPLACE Dundee Oregon
OCCUPATION Farmer	OCCUPATION Home Keeper

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:45 P. M. on the date above stated.

(Born alive [illegible])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harvey McFarlane

[illegible] midwife)

Address Preston, Franklin Co. Idaho.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 1/1 19 14 Allen A Cutler Registrar

S-Y CO. 24659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1945

133-217-021-381

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital Home

Registration District No. 27 File No. 18559

Primary Registration District No. 2119 Registered No. 167

FULL NAME OF CHILD Martha Venice Allen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Girl		Yes	Dec 17 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Alexander C. Allen	FULL MAIDEN NAME	Rachel Mae Chapman
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Weston Idaho.	BIRTHPLACE	Croydon Utah.
OCCUPATION	Plasturer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P M on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fanny McQueen

(~~Physician or~~ midwife)

Given names added from a supplemental report.

..... 19....

Address Preston Franklin Co. Idaho

Filed 1/1 1914 Allen R Cutler
Registrar

Registrar

8-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1971

JUN 1 2 1942

653-1

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin

City of Treasurton

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 18560

Primary Registration District No. 2119 Registered No. 179

FULL NAME OF CHILD Leo Taylor WELLS

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Nov. (Month) 28 (Day) 1913 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Newton A. ~~Simon~~ Wells		Mayme ~~May~~ Lalumander	Lalumander
RESIDENCE	Treasurton Ida	RESIDENCE	Treasurton Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Fairview Ida	BIRTHPLACE	Denver Col.
OCCUPATION	farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8. a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Filed 1/6 1914 Allen R Cutler Registrar

..... Registrar

S-Y CO. 20174

L 2 1 1942

ted States
artment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County ~~Treasureton~~ Bannock (b) City Treasureton
c) Street Address or R.F.D. No.
d) Name of Hospital or Maternity Home: At my home in Treasureton, Ida.
e) Mother's stay **BEFORE** delivery: IN **THIS** county 1 years 6 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Bannock
(c) City Treasureton
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 30 yrs.
3. RESIDENCE OF FATHER (city, state) Twin Falls,

FULL NAME OF CHILD Leo Taylor Wells
5. Date of Birth of Child (Month, day, year) Nov. 28th, 19~~3~~4
Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy yes
Legitimate? yes

FATHER OF CHILD
FULL NAME Newton A. Wells
Color or Race white
12. Age at time of THIS birth 26 yrs.
Birthplace Fairview, Idaho (City or town) (State or foreign country)
Exact Occupation Works for Highway District
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Mayme Lalumander
17. Color or Race white
18. Age at time of THIS birth 22 yrs.
19. Birthplace Denver, Colorado (City or town) (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum
Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive, stillborn) at M. on the date and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who is related to this child as (Mother, etc.)

Attendant's **OWN** signature M.D. Midwife Address Date

te of Idaho } ss.
nty of Twin Falls }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears tem 4, above, that I am now 50 years of age, that I have known this person for 28 years, and that Dr. Cutler (First name) (Last name), who attended this birth now deceased (Is now deceased) or (Cannot be located) I further state that facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under apter 139, 1937 Session Laws.

Mayme Lalumander Wells Signature
P.O. Address

Subscribed and sworn to before me this 30th day of June, 19 42

(SEAL) Notary Public, residing at Twin Falls, Ida.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-207-021-419

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mapleton

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18561

Primary Registration District No. 2119 Registered No. 151

FULL NAME OF CHILD Willie Daniels

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elvon Bruce Daniels	Chloe Vernan Daines
RESIDENCE	Mapleton Ida	Mapleton Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	Payson Utah	St. Joseph Arizona
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R. Cutler

Physician (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1/6 19 14 Allen R. Cutler Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235 - 230 - 021 - 238

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Registration District No. 27 File No. 18562.

Primary Registration District No. 219 Registered No. 194

Hospital

FULL NAME OF CHILD Mary Rosie Steuri

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec. 30 1913

FATHER		MOTHER	
FULL NAME	Golfried Steuri	FULL MAIDEN NAME	Martha Schenz
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 1, P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cullo

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1/6 19 14 Dr Allen R Cullo

..... Registrar

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

819-207-021-369

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 18563

Primary Registration District No. 2119 **Registered No.** 180

FULL NAME OF CHILD Lillie Mae Harding

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec. (Month) 7 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Albert F. Harding	FULL MAIDEN NAME	Bertha Mayborbridge
RESIDENCE	W Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Whitney Ida	BIRTHPLACE	Fairview Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Crutter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Ida

Filed 1/6 1914 Allen R Crutter Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553 - 228-021-152

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18564

Primary Registration District No. 2119 Registered No. 183

FULL NAME OF CHILD Ora Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Nov 28 1913

FATHER		MOTHER	
FULL NAME	Oscar Nelson	FULL MAIDEN NAME	Hedvig Jesperson
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 45 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cuttle

Physician
(Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Filed 1/6 1914 Allen R Cuttle
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653-203-021-967

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18565

Primary Registration District No. 2119 Registered No. 169

FULL NAME OF CHILD Melba Fellows.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes.	Nov. 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm. E. Fellows.	FULL MAIDEN NAME	Maggie E. Roper
RESIDENCE	Preston, Idaho.	RESIDENCE	Preston Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Franklin, Idaho.	BIRTHPLACE	Hyde Park.
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr G. T. Parkinson

Physician (Physician or midwife)

Address Preston Idaho

Filed 1/1 1914 Dr A R Cutler Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 4 1971

269 - 222-021-954.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18566

Primary Registration District No. 2119 Registered No. 185

FULL NAME OF CHILD Norlen Sorensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				Yes	Nov 22 1913

FATHER		MOTHER	
FULL NAME	James L Sorensen	FULL MAIDEN NAME	Iva L Redford
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Logan Utah	BIRTHPLACE	Sterling Utah
OCCUPATION	Barber	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:39 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen L Quitter

Physician
(Physician or midwife)

Address Preston Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/1 1914 Allen L Quitter
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 8 1954

795-120-021-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18567

County of Franklin

City of Preston

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** .....

Primary Registration District No. 2119 **Registered No.** 186

FULL NAME OF CHILD Vaughn J. Greaves

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec. (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas C. Greaves	FULL MAIDEN NAME	Alice S. Jensen
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	53 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Provo Utah	BIRTHPLACE	Gentile Valley
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/6 ~~(DATE)~~ 1914 Allen R Cutler M.D. Dr. A. R. Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 3 1942

557 - 124-021-231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18568

Primary Registration District No. 2119 Registered No. 158

FULL NAME OF CHILD John Byron Engar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec. 24 1913

FATHER	MOTHER
FULL NAME: Chas. J. Engar	FULL MAIDEN NAME: Alveretta Slaplin
RESIDENCE: Preston Ida.	RESIDENCE: Preston Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Christiana	BIRTHPLACE: Tasserona Utah
OCCUPATION: Prof of Music	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Allen R Cutler, physician (Physician or midwife)

Address Preston Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/6 1914 Dr. Allen R Cutler Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 31 1974

381-124-021-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

Registration District No. 27 File No. 18569

Primary Registration District No. 2119 Registered No. 190

FULL NAME OF CHILD ~~Dick~~ Chatterton, Don Brower

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	one		yes	Dec. 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Earl Chatterton	FULL MAIDEN NAME	Meredith Brower
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Logan, Utah	BIRTHPLACE	Lewiston, Utah
OCCUPATION	Breaksman	OCCUPATION	Housewife

Number of child of this mother, including present birth ... one

Number of children of this mother now living, including present birth ... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Physician (Physician or midwife)

Address Preston Idaho

Filed 1/8 1914 Dr A R Cullen Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 35[illegible]
Local Reg. No. 54
Reg. Dist. No. 540

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Franklin (b) City Preston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 2 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Franklin
(c) City Preston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 2 yrs.

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Don Brower Chatterton

5. Date of Birth of Child (Month, day, year) Dec. 24, 1914

6. Sex male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Wilford Earl Chatterton
11. Color or Race White
12. Age at time of THIS birth 28 yrs.
13. Birthplace Logan (City or town) Utah (State or foreign country)
14. Exact Occupation Railroad Brakeman
15. Industry or Business Union Pacific

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Meredith Brower
17. Color or Race White
18. Age at time of THIS birth 20 yrs.
19. Birthplace Lewiston (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at 7 A M. on the date and at the place stated above, and that personal particulars were furnished by Meredith Chatterton (First name) (Last name), who is related to this child as mother (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Franklin }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 48 years of age, that I have known this person for 28 years, and that Dr. George T. Parkinson (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Meredith Brower Rooker Signature

308 N State Preston, Idaho P. O. Address

Subscribed and sworn to before me this 3 day of October 19 42.

(SEAL) Zau Marshall Notary Public, residing at Preston Ida

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on 10-3-1942 by Effie W. Marshall, Registrar.

OCT 8 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

18569

WRONG YEAR SEE 1913

753-730-021-599

PLACE OF BIRTH

Amended 2-5-79

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Mink Creek

Registration District No. 27

File No. 18570

No. ..... St.

Primary Registration District No. 2119

Registered No. 191

Hospital .....

FULL NAME OF CHILD Lorin Enoch Peterson.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	one	—	yes.	Dec. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Enoch Peterson	FULL MAIDEN NAME	Serenia Erickson.
RESIDENCE	Mink Creek.	RESIDENCE	Mink Creek.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mink Creek.	BIRTHPLACE	Montpelier, Ida.
OCCUPATION	Farmer.	OCCUPATION	House Wife.

Number of child of this mother, including present birth One.

Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston Idaho

Filed 1/8 1914 Dr. A. R. Carter
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9 14 73

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18570

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Enoch George Peterson (Name on Original Certificate) who was born (Was Born or Died) on Dec. 30, 1913 (Date of Event) in Mink Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Enoch Geo. Peterson	Lorin Enoch Peterson

Subscribed and sworn to before me this 4th day of September, 19 73

Florence Courtright
Notary Public, residing at Boise
My commission expires 4-20-74
(Seal)

Signed Gilbert L. Rees
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Preston, Idaho R 2
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

RECEIVED
SEP 7 AM 9
BUREAU OF VITAL STATISTICS

FORM DH 60-155

Own Childs birth certificate Lorin E. Peterson, Jr. born April 19, 1952 at Montpelier, Idaho gives fathers name as Lorin E. Peterson.
Viewed by VS

Certificate of Blessing issued by the L.d.s church gives name as Lorin Enoch Petersen son of Carl Enoch and C. Lavenia Erickson. Born Dec. 30, 1913 at Mink Creek Franklin County, Idaho Blessed March 1, 1914.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18571

County of Franklin

City of Weston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 192

Hospital

FULL NAME OF CHILD ~~Vella Phillipson~~ VELLA PHILLIPS

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: Dec 2 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William M. ~~Phillipson~~ PHILLIPS	FULL MAIDEN NAME: Sarah McCann
RESIDENCE: Weston	RESIDENCE: Weston
COLOR: White AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 45 (Years)
BIRTHPLACE: England	BIRTHPLACE: Utah
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) R. W. Leach

Physician

(Physician or midwife)

Address Weston Idaho

Filed 1/5 1914 Dr A R Cutler
Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss. Certificate No. 18571

County of Weber } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Vella Philips (Name on Original Certificate) who was born (Was Born or Died) on Dec. 2, 1913 (Date of Event)

in Weston, Franklin Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Philips	Phillips
Name		Vella Phillips

Subscribed and sworn to before me this 25th day of July, 1942

R. McMalan

Notary Public, residing at Ogden Ut

My commission expires Sept. 12-1945

(Seal)

Signed Sarah Elizabeth Phillips

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

441-36 St. Ogden Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.

County of Weber }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July, 1942

R. McMalan

Notary Public, residing at Ogden Utah

My commission expires Sept 12-1945

(Seal)

Signed Wanda P. Fernelius

(Signature of Any Credible Person Other Than Previous Year)

429-36th St. Ogden, Utah

(Street Address, City, State)

JUL 28 1942

AUG 7 1942

613-123-021-133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin,

City of Clifton

No. ..... *St.*

Hospital .....

Registration District No. 27 **File No.** 18572

Primary Registration District No. 2119 **Registered No.** 175

FULL NAME OF CHILD Joseph Heber Watkins.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Make		Yes	Dec 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	T. R. Watkins	FULL MAIDEN NAME	Julia Allen
RESIDENCE	Clifton, Idaho.	RESIDENCE	Clifton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Yazoo, Mississippi.	BIRTHPLACE	Misa, Arizona,
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician, (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 1/6 1914 Dr A R Cutler Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 19 1976

314-213-021-864

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 27 File No. 18573

No. ..... St.

Primary Registration District No. 2119 Registered No. 193

Hospital .....

FULL NAME OF CHILD Elvena Campbell

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fredrick Campbell	FULL MAIDEN NAME	Ida Houskins
RESIDENCE	Weston Ida	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Frick

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weston Idaho

Filed 1/8 1914 Dr A R Cutler Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—2000-2-11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AMENDED 12-9-57

PLACE OF BIRTH

846-209-021-792

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No. ____ St.

Registration District No. 27 File No. 18574

Hospital Home Primary Registration District No. 2119 Registered No. 168

FULL NAME OF CHILD Mary E. Hawkes
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 9, [redacted] 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER		MOTHER	
FULL NAME	Thomas Herbert Hawkes	FULL MAIDEN NAME	Elizabeth Ann Gibbon
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Preston
OCCUPATION	Laborer	OCCUPATION	Housekeeper

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192....

..... Registrar.

(Signature) Fanny McQueen

Midwife
(Physician or midwife)

Address Preston, Franklin Co., Idaho

Filed 1-5-1914 [redacted] Allen R. Cutler
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Gooding } ss.

Certificate No. 18574

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sue Hawkes (Name on Original Certificate) who born (Was Born or Died) on Dec. 9, 1913 (Date of Event)
in Preston (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on about 1929 - viewed by v.s. (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Cert. #217050 &402587	Elizabeth
Child's Name	Sue Hawkes	Mary E. Hawkes

Subscribed and sworn to before me this 8th day of Nov., 1957
Burke L. Galloway
Notary Public, residing at Wendell, Idaho
My commission expires 1-1-60
(Seal)

Signed Elizabeth Ann Hawkes Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wendell Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Gooding } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of Nov., 1957
Burke L. Galloway
Notary Public, residing at Wendell, Idaho
My commission expires 1-1-60
(Seal)

Signed Vivenda H Smith
(Signature of Any Credible Person)
Wendell Idaho
(Street Address, City, State)

FORM DPH 55.155

cl 9-16-57 1 copy paid

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Franklin

City of Mink Creek,

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 18575

Primary Registration District No. 2114 Registered No. 173

FULL NAME OF CHILD Walter Nielson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Ges	Dec 7 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Nielson	FULL MAIDEN NAME	Lulu Olson
RESIDENCE	Mink Creek, Idaho.	RESIDENCE	Mink Creek, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Mink Creek, Idaho.	BIRTHPLACE	Mink Creek, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W States

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Preston, Idaho.

Filed: 1/6 1914 Dr A R Cutler Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1851 15

841- [redacted] -799

PLACE [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 86 File No. 18576

Primary Registration District No. 1010 Registered No. 47

FULL NAME OF CHILD Pauline Edith Qualls

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
F		Yes	Sept. 24th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Qualls	FULL MAIDEN NAME	Gertrude Griffith
RESIDENCE	Weiser - Ida	RESIDENCE	Weiser - Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Weiser - Ida

Filed Dec 12th 1913 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

SEP 3 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 14 9 27 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 18576

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Qualls (female) (Name on Original Certificate) who was born (Was Born or Died) on Sept. 29, 1913 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Pauline Edith Qualls

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Sacramento }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of October, 1976

Barbara M. McCormick

Notary Public, residing at 2100 Cortez Lane Sacramento Calif 95825

My commission expires 11/5/76

(Seal)

Signed Mildred M. Qualls Walker (Signature of Any Credible Person)

(Sister) 929 Middleberry Rd. (Street Address, City, State) Sacramento Calif 95815

OFFICIAL SEAL
BARBARA M. McCORMICK
NOTARY PUBLIC - CALIFORNIA
COUNTY OF SACRAMENTO
My Commission Expires November 5, 1976

FORM DH 60-155 CL 9/29/75

Attandance Scholarship Record issued by the Weiser Grade Schools gives birth date as September 29, 1913 and name as Pauline Qualls, father H. Qualls. Notorized copy made October 17, 1975 by School District # 431. Original record old.
Viewed by V.S.

NOV 5 1976

Family Register gives name as Pauline Qualls born September 29, 1913. Father Henry C. Qualls born March 2, 1882 in Crane Missouri and mother Gertrude M. Griffith Qualls born August 12, 1887 in Aurora, Missouri.
Viewed by V.S. Notorized copy of family record issued October 14, 1976. Bible record obviously old.

212-130-044-236

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington,

City of Mun.,

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 18577

Primary Registration District No. 2010 Registered No. 45.

FULL NAME OF CHILD [redacted]

Sex of Child	Twin—Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1st	No	Oct 30 1913

FATHER		MOTHER	
FULL NAME	Earl Baker	FULL MAIDEN NAME	Mabel C. Hockes
RESIDENCE	Cryslat Idg	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	19 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Montana
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) A B Dudley

Physician

(Physician or midwife)

Address Weiser

Filed Dec 12th 1913 M. R. Hamblen

Registrar

8-Y CO. 24688

619-111042-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child of birth, a SEPARATE RETURN must be made for each and the number of birth, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ....., ... St.

Hospital .....

Registration District No. 86 File No. 18578

Primary Registration District No. 1010 Registered No. 49

FULL NAME OF CHILD Burton Wilfred Warren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Nov 11, 1913

	FATHER	MOTHER
FULL NAME	John Edwards Warren	FULL MAIDEN NAME Anna May Warren
RESIDENCE	East Fourth St.	RESIDENCE E. 4th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	39
BIRTHPLACE	England	Canada
OCCUPATION	Merchant Tailor	

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs E. Wertz

Midwife

(Physician or Midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 12 1913 W. R. Hamilton

S-Y CO., 16670 Registrar

Registrar

APR 28 1942

DEC 4 1942

296-205-044-651

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 18579

Primary Registration District No. 1010 Registered No. 50

FULL NAME OF CHILD PEARL MYRTLE BROCKETT

Sex of Child	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	Th	Yes.	Dec 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm L. Brockett	FULL MAIDEN NAME	Emma B. Feadreller
RESIDENCE	Weiser Ida	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Marshallburn Iowa	BIRTHPLACE	Whitewater Illinois
OCCUPATION	Rail Road [illegible]	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 19 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician
(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Weiser Idaho

Filed Dec 19 13 [illegible]

Registrar Registrar

S-Y CO. 24685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MAR 4 1975

DECEASED

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 24 9 18 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18579

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Brockett (Name on Original Certificate) who was born (Was Born or Died) on Dec. 5, 1913 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Pearl M. Brockett
		(Myrtle)
		Pearl M. Brockett

Subscribed and sworn to before me this 20th day of October, 1975

Bonnie R. Hewlett

Notary Public, residing at New Plymouth

My commission expires 4-14-78

(Seal)

Signed PEARL BROCKETT
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of October, 1975

Notary Public, residing at New Plymouth

My commission expires 4-14-78

(Seal)

Signed William C Baker
(Signature of Any Credible Person)

New Plymouth, Ida
(Street Address, City, State)

FORM DH 60-155

Telephone Call 3-31-75 - no corresp. fc

OCT 24 1975

Birth Certificate of child, Ronald Elzie Riggs who was born November 28, 1943 in Brittingham Maternity Home, at Ontario, Oregon, gives mother's maiden name as PEARL MYRTLE BROCKETT. Certificate issued at time of birth by the Hospital. Viewed by V.S.

Marriage certificate issued by the county of Payette, Idaho gives name of bride as PEARL MYRTLE BROCKETT. Married to Elzie Riggs on August 19, 1940. Viewed by V.S

154-214-044-366

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. E Court St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 18580

Primary Registration District No. 1010 Registered No. 52

FULL NAME OF CHILD Eleanor Lucile Andrews

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	yes	12 - 14 1913

FATHER		MOTHER	
FULL NAME	Alvin Andrews	FULL MAIDEN NAME	Leada Fowler
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Minn	BIRTHPLACE	Kansas
OCCUPATION	grocer	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. M. Waterhouse

physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 15th 1914 W. R. Hamilton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1942

219-209-044-433

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 18581

Primary Registration District No. 2112 Registered No. 5-1

FULL NAME OF CHILD .....

Sex of Child Female	~~Twin~~ ~~Triplet~~ or other? and Number in order of birth 181 (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joseph Barker	FULL MAIDEN NAME	Tressie B. McConnel
RESIDENCE	Weiser	RESIDENCE	Weiser
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Indiana
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

(Signature) S. B. Dudley

Physician (Physician or midwife)

Address Weiser Idaho

Filed Dec 12th 1913 M. R. Hamilton Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-114-044-993

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Nam

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 18582

Primary Registration District No. 1011 Registered No. 53

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		10th	Yes	Dec. 14 1913

FATHER	MOTHER
FULL NAME Mark Ritzius	FULL MAIDEN NAME Sadie Swank Ritzius
RESIDENCE Nyssa	RESIDENCE Nyssa Ida
COLOR White	AGE AT LAST BIRTHDAY 54 (Years)
COLOR White	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Indiana-Kosciusko Co	BIRTHPLACE N. Manchester Ind.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a m on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Deardorff

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed Dec 15 1913 M. R. Reynolds

..... Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

731-214-044-367

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

Registration District No. 86

File No. 18583

Primary Registration District No. 2112

Registered No. 54

FULL NAME OF CHILD Lucile Myrtle Glasby

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	12 (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Chester G. Glasby.	FULL MAIDEN NAME	Blanch. Capper.
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Cloud. Co. Kas	BIRTHPLACE	Iowa.
OCCUPATION	Rancher.	OCCUPATION	H. wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician

(Physician or Midwife)

Given names added from a supplemental report

Address Weiser Ida.

..... 19.....

Filed Dec 15th 1913 W. R. Hamilton

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH 12-18-70

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
DEC 2 4 1970
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 18583

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Glasby (Name on Original Certificate) who was born (Was Born or Died) on December 14 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lucile Myrtle Glasby

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage Return issued Muly 16, 1932 in the City of Asotin, State of Washington gives name of bride as Lucile Myrtle Glasby married to Warren Leland Rice.
Viewed by V.S.

DEC 24 1970

Social Security Application issued April 2, 1960 gives name as Lucile Myrtle Franklin corrected from copy issued April 5, 1948 which reads Lucile Myrtle Glasby. #518 21 3699
Viewed by V.S.

613-218-044-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. R F D ~~St.~~

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 86 File No. 18584

Primary Registration District No. 2112 Registered No. 5-5-

FULL NAME OF CHILD Zelma Walton

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	—		—	yes	DEC 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alonzo A Walton	FULL MAIDEN NAME	Sarah A. Walton
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ore	BIRTHPLACE	Ore
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Walton

father (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Weiser Ida R.F.D.

Filed Dec 20 1913 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-119-044-454

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 834, Main St St.

Hospital

Registration District No. 56 File No. 18585

Primary Registration District No. 1010 Registered No. 56.

FULL NAME OF CHILD Robert Jack Ballou

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 19, 1913

FATHER		MOTHER	
FULL NAME	Jasper Archer Ballou	FULL MAIDEN NAME	Mary Beulah Medaris
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White ~~Light~~	COLOR	White ~~Dark~~
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Williamsburg, Ky.	BIRTHPLACE	Williamsburg, Ky
OCCUPATION	Carpenter	OCCUPATION	Proofreader

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nina E. Werts

(Physician or Midwife)

Given names added from a supplemental report

Address

, 19

Filed Dec 21st 1913 W. R. Hamilton

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

COLOR

AGE AT LAST BIRTHDAY

93-123-044-153

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 56 File No. 18586

Primary Registration District No. 2112 Registered No. 57

FULL NAME OF CHILD Frederick Wilcox Jillson

Sex of Child	Twin Triplet or other? and Number in order of birth 8th (To be answered only in event of plural births)	Legitimate? yes	Date of Birth Dec. 23 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leonard L. Jillson	FULL MAIDEN NAME	Nellie Wilcox Jillson
RESIDENCE	Weiser Ida. T. T. T.	RESIDENCE	Weiser Ida. T. T. T.
COLOR	AGE AT LAST BIRTHDAY 40 (Years)	COLOR	AGE AT LAST BIRTHDAY 40 (Years)
BIRTHPLACE	Sault Haven Mich	BIRTHPLACE	Sault Haven Mich
OCCUPATION	Teacher —	OCCUPATION	—

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Weiser Idaho

Filed Dec 20 1913 M. R. Hamilton Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

1013

368-12

[redacted]

[redacted]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. West Park St.

Hospital

Registration District No. 86 File No. 118587

Primary Registration District No. 1010 Registered No. 38

FULL NAME OF CHILD Dean Clifford Cohick

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	#	1	Yes	12 (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Walter Clifford Cohick	FULL MAIDEN NAME	Pansy Ethel Pratt
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	House-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6.35 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address Weiser, Idaho.

Filed Dec 25th 1913 [signature]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1942

713-109-025

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone Idaho

City of Idaho County

No. ..... St.

Hospital .....

Registration District No. 106 File No. I 18588

Primary Registration District No. 2123 Registered No. 41

FULL NAME OF CHILD Connie Elmer Packer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				yes	Dec 9 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Manley A Packer	FULL MAIDEN NAME	Matilda Anna Reynolds
RESIDENCE	Shoshone Idaho	RESIDENCE	Shoshone Idaho
COLOR	White	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	South Dakota	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY	21 (Years)
		BIRTHPLACE	Washington
		OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verbeetmoes

Physician (Physician or midwife)

Address Kooskia - Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 31 1913 J. M. Verbeetmoes

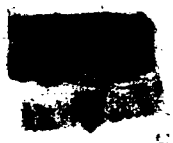
..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OCT 4 1967

719 - 108-025-652

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Kooskia

No. ..... *St.*

Hospital .....

Registration District No. 106 **File No.** 18589

Primary Registration District No. 2184 **Registered No.** 40

FULL NAME OF CHILD Hugh Gaiser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jacob Gaiser	FULL MAIDEN NAME	Bessie Westcott
RESIDENCE	Kooskia - Tahoe Ridge	RESIDENCE	Kooskia - Tahoe Ridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Germany	BIRTHPLACE	N. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Verberkmoes

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Kooskia Idaho

Filed Dec 31 1913 J. M. Verberkmoes Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 5 1973

792-112-025-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ....., ... St.

Hospital .....

Registration District No. 106 File No. 18590

Primary Registration District No. 2184 Registered No. 43

FULL NAME OF CHILD Pat Firnly Gibson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
male		yes	Dec 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Firnly D Gibson	FULL MAIDEN NAME	Inez May Hooley
RESIDENCE	Grangeville Idaho	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs R A Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Stites Idaho

Filed Dec 19 13 M W Verbeck Mrs Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 27 1963

JAN 31 2014

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18591

County of Idaho

City of Stites

No. ....., ... St.

Hospital .....

Registration District No. 106 File No. .....

Primary Registration District No. 2184 Registered No. 42

FULL NAME OF CHILD Harold Edward Williams

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Male	one		yes	Dec 10 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orus E Williams	FULL MAIDEN NAME	Hattie Fisher
RESIDENCE	Stites Idaho	RESIDENCE	Stites Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Kansas
OCCUPATION	Jeweler	OCCUPATION	Domestic

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. A. Lyle

Midwife (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Stites Idaho

Filed Dec 31 1913 J. M. Verbeckmoes Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Certified Copy issued 3-5-41. E.W.

RECEIVED

MAR 8 1941

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

AFFIDAVIT OF BIRTH

For Use in Cases Where Certificates of Birth Cannot Be Supplied

1. PLACE OF BIRTH

County of Nez Perce

City or town of Stites

State of Washington

Department of Health

VITAL STATISTICS

DO NOT WRITE IN THIS SPACE

2. Full name of child Harold Edward Williams

All Data Used in This Affidavit Must Be as of Date of Birth of This Child

3. Sex	If plural births: 4. Twin, triplet, or other / 5. Number in order of birth	6. Premature / Full term	7. Legitimate?	8. Date of birth (Month, day, year)
Male		Full term X	Yes	Dec 11, 1913

FATHER		MOTHER	
9. Father's full name	Orus Edward Williams	15. Mother's full maiden name	Hattie Fisher
10. Father's residence at time of this child's birth	Stites Idaho	16. Mother's residence at time of this child's birth	Stites Idaho
11. Father's color or race	White	17. Mother's color or race	White
12. Father's age at last birthday before child's birth	42 (Years)	18. Mother's age at last birthday before child's birth	34 (Years)
13. Father's birthplace (City or place) (State or country)	Covington Kentucky	19. Mother's birthplace (City or place) (State or country)	Garnett Anderson Co. Kansas
14. Father's occupation at time of child's birth	Watchmaker & Jeweler	20. Mother's occupation at time of child's birth	Housewife

Number of children of this mother Three (3) (At the time of this birth and including this child.)

Number of children now living Five (5) (At the time of this birth and including this child.)

Reg midwife - Name not known (Name of attending physician)

AFFIDAVIT OF ATTENDING PHYSICIAN, MIDWIFE, PARENT, NEAREST RELATIVE OR OTHER PERSON HAVING KNOWLEDGE OF THE FACT OF THIS BIRTH

STATE OF Idaho
County of Nez Perce } ss.

Orus E. Williams, being first duly sworn upon oath deposes and says that he is ~~is not~~ related to Harold Edward Williams (Person for whom affidavit is made) as Father (Parent, attending physician, etc.); and that the statements contained in the foregoing Affidavit of Birth are true and correct, as affiant is informed and verily believes.

(Signed) Orus E. Williams

[SEAL]

(Address) 3824 Ferdinand St Lewiston Idaho

Subscribed and sworn to before me, a notary public in and for said county and state, this 1st day of March, 1941

Notary Public.

My commission expires 8-22-1941

Do Not Write Below This Line

Filed ....., 194.....

State Registrar.

By .....

S. F. No. 4514—8-12-40—15M. 19856.

(OVER)

AUG 2 0 1976

Instructions for Making Out Affidavit of Birth

1. This form is to be used in recording a birth which occurred in the State of Washington, and was not registered as required by law.
2. All information furnished in this affidavit must be as of date of birth of the child. Be sure that the AGES OF THE FATHER AND MOTHER, residence, etc., are given as they were at the time of this birth.
3. Fill in EVERY entry on the certificate. If the information cannot be supplied, the word UNKNOWN must appear.
4. In case the attending PHYSICIAN is dead, either PARENT, nearest RELATIVE, or other PERSON having knowledge of the facts of the birth may sign the affidavit before a Notary Public. Such person must be old enough to be personally familiar with the facts stated.
5. Return completed affidavit to the STATE DEPARTMENT OF HEALTH, Smith Tower, Seattle, Washington, for proper filing.
6. Affidavit should be filled in either with ink or typewriter. DO NOT USE PENCIL.

NOTE: A certified copy of the completed affidavit may be obtained by forwarding with the affidavit postal money order for fifty cents ($0.50), payable to the order of "State Department of Health." Stamps not accepted.

258-211-021-417

PLACE OF BIRTH

Form V. S. No. 1[illegible]-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 27 File No.

No. St.

Primary Registration District No. 2119 Registered No. 174

Hospital

FULL NAME OF CHILD Blanch Ruth Snyder,

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		6es	Dec 11 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Benjiman C. Snyder	FULL MAIDEN NAME: Artemissa Maxfield
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White — AGE AT LAST BIRTHDAY: 39 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Snyderville, Utah.	BIRTHPLACE: Murray, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, (Born alive or stillborn) at 2.25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician, (Physician or midwife)

Given names added from a supplemental report

19

Address Preston, Idaho.

Filed 1/6 1911 Dr. A R Culler Registrar

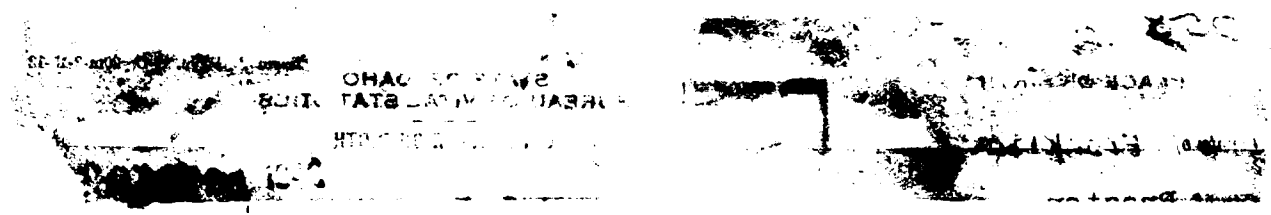
Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

FEB 26 1942

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 18592

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Benjaman Snyder (Name on Original Certificate) who Born (Was Born or Died) on December 11, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on about December 11, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Benjiman Snyder	Blanch Ruth Snyder
sex	male	female
mother's name	Nettis Maxfield	Artemissa Maxfield

Subscribed and sworn to before me this 24th day of February, 1942.

Edith W. Evans
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 8, 1945
(Seal)

Signed Artemissia Snyder (Mother)
(Signature of parent or attendant in correcting a birth record; of attendant, funeral director, informant in correcting a death record; or other credible person.)
Copper Hotel
Bingham Canyon, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 1942.

Edith W. Evans
Notary Public, residing at Bingham Canyon, Utah
My commission expires Sept. 8, 1945
(Seal)

Signed Sam A Snyder
(Signature of Any Credible Person Other Than Previous Year)
Copper Hotel
Bingham Canyon Utah
(Street Address, City, State)

314-102-021-745

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18593

County of Franklin,

City of Weston, Idaho

Registration District No. 27 File No.

No. St.

Primary Registration District No. 219 Registered No. 172

Hospital

FULL NAME OF CHILD Waldo Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec. 2, 1913

FATHER	MOTHER
FULL NAME: Fred Campbell	FULL MAIDEN NAME: Millie Gunnell
RESIDENCE: Weston, Idaho.	RESIDENCE: Weston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Weston, Idaho.	BIRTHPLACE: Wellsville, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Preston, Idaho.

Filed 1/6 1914 Dr. A. R. Curtis Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

18595

County of Bonner

Amended 6/12/74

City of Priest River, Idaho Registration District No. 81 File No. 7

No. ____ St. Primary Registration District No. 2158 Registered No. 7

Hospital ____

FULL NAME OF CHILD Helen Leah Derrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Single	Two	Yes	Dec. 9, 1913

FATHER	MOTHER
FULL NAME: John C. Derrick,	FULL MAIDEN NAME: Jessie Teresa McEvoy
RESIDENCE: Priest River, Idaho.	RESIDENCE: Priest River, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Cumberland County, Tenn.	BIRTHPLACE: Usk, Washington.
OCCUPATION: Laborer	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, Dec. 9, 1913, at 6:10 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W. Didier
(Physician or midwife)

Address Priest River Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 16 1913 C. D. McCarty
Registrar

Registrar

R-Y CO. 20174

[redacted]

MAR 1 3 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS APR 1 1 49 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Certificate No. 18595

County of ..... Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Helen Leola Derrick (Name on Original Certificate) who was born (Was Born or Died) on Dec. 8, 1913 (Date of Event)

in Priest River, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	December 8, 1913	December 9, 1913
mother's maiden name	McAvoy	McEvoy

Subscribed and sworn to before me this 29th day of March, 1974

James F. Brigham

Notary Public, residing at Newport Wa

My commission expires 8 Dec 1977

(Seal)

Signed Helen L. Sage

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 84 Ione Wa 99139

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Bonner

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1974

Donna M. Murray

Notary Public, residing at Priest River

My commission expires 10/25/76

(Seal)

Signed Oscar Derrick

(Signature of Any Credible Person)

Priest River, Idaho

(Street Address, City, State)

FORM DH 60-155

CL 3/25/74 nm

Family Bible record gives name as Helen Leola Derrick born Dec.9, 1913.
Viewed by V. S. JUN 12 1974

Marriage Certificate from Washington gives groom's name as John Derrick and the birde's name as Jessie McEvoy. dated Feb. 8, 1910. viewed by V. S. JUN 20 1974

Verification of School record from Bonner County School District No, 82, Sandpoint Idaho gives name as Helen Derrick born Dec. 9, 1913. record dated Oct. 21, 1926. father's name given as John Derrick. viewed by V. S. JUL 2 1974

814-116-[illegible]

[illegible] IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

No. — St.

Hospital —

Registration District No. 81

Primary Registration District No. 2158

File No. 18596

Registered No.

FULL NAME OF CHILD Edward Albert Hamshar

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
m	—	—	yes	Dec 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edward Hamshar	FULL MAIDEN NAME	Rosamund Klehn
RESIDENCE	Priest River. (Vacinity)	RESIDENCE	Priest River Vacinity
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	London Eg land	BIRTHPLACE	Ill ~~[illegible] Priest River~~
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Address Priest River Idaho

Filed Dec 24 1913 E D McCarty Registrar

Given names added from a supplemental report

, 19

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1976

693 - 106 - 009 - 691

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 18597

County of Bonner Co.

City of Priest River

Registration District No. 81 File No. 9

No. ____, ____ St.

Primary Registration District No. 2138 Registered No. 9

Hospital ____

FULL NAME OF CHILD Donald Edwin Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	—	yes	Dec. 6, 1913

FATHER	MOTHER
FULL NAME: Edwin Newton Williams	FULL MAIDEN NAME: Elizabeth Frank
RESIDENCE: Priest River	RESIDENCE: Priest River
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: California	BIRTHPLACE: Pennsylvania
OCCUPATION: Saw Filler	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Denton McCarty

Physician (Physician or Midwife)

Address Priest River

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 14 1913 E D McCarty Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

P. C. 6/24/41

OCT 31 1942

NOV 5 1942

281-211-009-695

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 18598

County of Bonner

City of —

No. ....., ... St.

Hospital .....

Registration District No. 81 File No. 8

Primary Registration District No. 2158 Registered No. 8

FULL NAME OF CHILD Carroll Louise Shaw

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	Single	—	Yes	Dec 11, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Henry Shaw	FULL MAIDEN NAME	Bertha Christina Finstead
RESIDENCE	Vacinity Priest River Ida	RESIDENCE	Vacinity Priest River
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Maine	BIRTHPLACE	Wash.
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Denton McCarty

Physician (Physician or Midwife)

Address Priest River Ida

Filed Dec 20 1913 E D McCarty Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 9 1975

249-127-31-249

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 48 File No. 18599

Primary Registration District No. 2127 Registered No. 22

FULL NAME OF CHILD Harold Smith Surplus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	8 27 1913

FATHER		MOTHER	
FULL NAME	Sherman J. Surplus	FULL MAIDEN NAME	Dama Smith
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gangnard

Physician (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-7-1914 Elmer D. Rogers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

349 - 111 - 031 - 236

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

Registration District No. 48 File No. 18600

No. ..... St.

Primary Registration District No. 2127 Registered No. 23

Hospital .....

FULL NAME OF CHILD Wallace Matthew Curry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 11 1913

FATHER		MOTHER	
FULL NAME	Matthew Curry	FULL MAIDEN NAME	Mabel Scott
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaynard

Physician

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-7-1914 Elmer B. Rogers Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF LUIANA
REGISTRAR OF VITAL STATISTICS

955-224-031-213

PLACE OF BIRTH

Lewis

Reubens

St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 48 File No. 18601

Primary Registration District No. 2127 Registered No. 24

FULL NAME OF CHILD Isabell Reed

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	11 (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Reed	FULL MAIDEN NAME	Emma Ball
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	New York
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Guignard
Physician (Physician or midwife)

Given names added from a supplemental report

19

Address

Registrar

Filed 1 7 1914 Elton B. Rogers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and th[illegible] of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

OCT 23 1962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Reubens

Registration District No. 48 File No. 18602

No. ..... St.

Primary Registration District No. 2127 Registered No. 25

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	12 18 1913

FATHER		MOTHER	
FULL NAME	Charles Ammer	FULL MAIDEN NAME	Stella Pleasants
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Drug Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaisnard

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1-7- 1914 Elene B. Rogers Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amdned 11/16/76

Registration District No. 90 File No. 18603

No. ..... St.

Primary Registration District No. 2168 Registered No. 78

Hospital .....

FULL NAME OF CHILD Leanard Gaffney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Dec 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm M. Gaffney	Bessie Howell [redacted]
RESIDENCE	Orofino Ida	Orofino, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	41	30
BIRTHPLACE	Idaho	No. Dak
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19....

..... Registrar

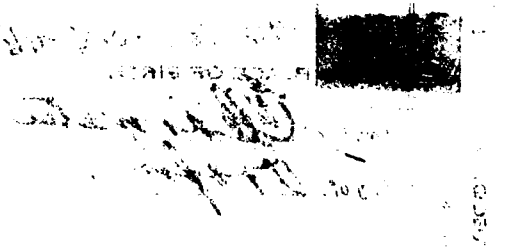
(Signature) J. M. Faidley

Physician
(Physician or midwife)

Address Orofino Ida

Filed Dec 4 19 13 J. M. Faidley Registrar

S-Y CO. 24653



AUG 2 9 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 28 10 56 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 18603

County of Kootenai } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Leonard Gaffney (Name on Original Certificate) who was born (Was Born or Died) on Dec 4, 1913 (Date of Event)

in Orofino, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by certificate of birth (Bible Record, Insurance Policy, Etc.) prepared on Dec 4, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's sex	female	Male

Subscribed and sworn to before me this 19th day of October 1976

[signature]

Notary Public, residing at Hayden Lake

My commission expires Life

(Seal)

Signed Bessie Wohlen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

606 Appleway, Coeur d'Alene, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of October 1976

[signature]

Notary Public, residing at Hayden Lake

My commission expires Life

(Seal)

Signed Virginia Gaffney

(Signature of Any Credible Person)

Rt 2 Hayden Lake Idaho

(Street Address, City, State)

FORM DH 60-156 CL 9/9/75 1cc pd.

NOV 1 6 1976

Family record gives name az Leonard Gaffney born Dec 4, 1913. sex given as Male. father's name as Wm. Gaffney and Bess Howell. viewd by V. S.

Ow n child's birth certif on file, in idaho & gives nameas Leonard Gilman Gaffney . child's name as Anne Marie Gaffney. born Oct 12, 1941. (fiel No. 324869). Margery Florence Burnett as the mother. viewed by V. S.

653-115-018-463

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 18605

Primary Registration District No. 2168 Registered No. 80

FULL NAME OF CHILD Vincent George Welch

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Twin	1	Yes	Dec 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Welch	FULL MAIDEN NAME	Mabel Docking
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 1:45 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Fairly

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino, Ida

Filed Dec 16 1913 J M Fairly

Registrar

Registrar

S-Y CO. 24653

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1966

653-215-018-463

Form V. S. No. 11-[redacted]

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 18606

Primary Registration District No. 2168 Registered No. 81

FULL NAME OF CHILD Viola Gladys Welch

Sex of Child	Twin Triplet or other	and Number in order of birth	Legitimate?	Date of Birth
Female	Twin	2	Yes	Dec 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Welch	FULL MAIDEN NAME	Mabel Docking
RESIDENCE	Orofino Ida	RESIDENCE	Orofino Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:00 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairly

Physician

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Orofino Ida

Filed Dec 16 1913 J. M. Fairly

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 13 1966
JUL 7 1947

394-221-018-525

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Dent

No. ....., ... St.

Hospital .....

Registration District No. 90 File No. 18607

Primary Registration District No. 2168 Registered No. 82

FULL NAME OF CHILD Mary Martha Magdaline Truby

Sex of Child	Twin, Triplet, or other? and Number in order of birth	Legitimate?	Date of birth
Female	1st	Yes	Dec. 21, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	W. E. Truby	FULL MAIDEN NAME	Bertha Ebel
RESIDENCE	Clearwater County	RESIDENCE	Clearwater County
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Germany
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 p.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Miss Mary Tews per C.B.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Bertchwick, Idaho

Filed Dec 19 13 J. W. Farley Registrar

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 2 1958

JUN 17 1976

413-230-018-212

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Owyhee

City of Oreana

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 18608

Primary Registration District No. 2168 Registered No. 83

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 30 1913

FATHER		MOTHER	
FULL NAME	Lyndon Matlock	FULL MAIDEN NAME	Tennessee Baker
RESIDENCE	Owyhee Idaho	RESIDENCE	Owyhee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ky	BIRTHPLACE	Tenn
OCCUPATION	Section Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.45 P.M. on the date above stated.

(Signature) J. M. Darby

Physician (Physician or midwife)

Address Owyhee, Ida.

Filed Dec 30, 1913 J. M. Darby Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19____

_____ Registrar

S-Y CO. 24698

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

569-131-018-769

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 90 File No. 18609

Primary Registration District No. 2168 Registered No. 54

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 31 1912

FATHER		MOTHER	
FULL NAME	Paul C. Rogers	FULL MAIDEN NAME	Mary Porter
RESIDENCE	Orofino, Ida	RESIDENCE	Orofino, Ida
COLOR	White	COLOR	White-Indian
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Danley

Physician
(Physician or midwife)

Address Orofino, Ida

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed Dec 31 19 13 J. M. Danley Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

294- [redacted] 022-745

[redacted] BIRTH

Form V. S. No. 11-C—Rev-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County [redacted]mont

City of Rexburg. Registration District No. 100 File No. 18610

No. ..... St. Primary Registration District No. 2178 Registered No. 161

Hospital .....

FULL NAME OF CHILD Waneta Simonson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Oct 14 1913

	FATHER	MOTHER
FULL NAME	Edward Simonson	FULL MAIDEN NAME Libbie Gunnel
RESIDENCE	Alexander Ida.	RESIDENCE Alexander Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Beaver City Utah	BIRTHPLACE Wellsville Utah
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson
Midwife
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 1 1914 G. G. Cope Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U.O-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

BIRTH

[redacted]

APR 12 1955

Amended 6/29/73 997-227-022-855

PLACE OF BIRTH

Form V. S. No. 11-C—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18611

Primary Registration District No. 2178 Registered No. 162

FULL NAME OF CHILD Ada Riggs

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Oct (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Theodore K. Riggs	FULL MAIDEN NAME	Jennett Agnes Hendry
RESIDENCE	Hibbard Ida.	RESIDENCE	Hibbard
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho.

Filed 1-7 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 16 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 22 1 30 PM '73

State of OREGON } ss.
County of Columbia

Certificate No. 18611

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Riggs, (Female) (Name on Original Certificate) who was born (Was Born or Died) on Oct. 27, 1913 (Date of Event) in Hibbard, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Cert. 7-14-30 Patriarchal Blessing prepared on 8-15-28 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ada Riggs
Mother, full maiden na	Jennette Hendrick	Jennett Agnes Hendry
No. children & No. livg	1 & 1	3 & 3

Subscribed and sworn to before me this 20th day of June, 1973.

Nancy Clawson

Notary Public, residing at St.Helens, OR

My commission expires 10-27-75 (Seal)

Signed Ada Riggs Gentler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1 Bx 398, Deer Island, OR
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of Columbia

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of June, 1973.

Nancy Clawson

Notary Public, residing at St.Helens, OR

My commission expires 10-27-75 (Seal)

Signed [illegible]
(Signature of Any Credible Person)

Rt 1 Bx 398, Deer Island, OR
(Street Address, City, State)

FORM DH 60-155 CL 5/15/73

Certificate of Marriage from Washington gives name of groom as Richard A. J. Gortler and the bride's name as Ada Riggs. Dated July 14, 1930. Viewed by V. S

JUN 2 9 1973

Family Group record from LDS Churbh gives father's name as Theodore King Riggs and the mother's maiden name as Jennett Agnes Hendry. child's name given as Ada Riggs born Oct. 27, 1913. Viewed by V. S.

993-209-022-165

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18612

Primary Registration District No. 2178 Registered No. 163

FULL NAME OF CHILD Loanda Ricks

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female				Yes.	Nov (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Daniel Ricks	FULL MAIDEN NAME	Sarah E. Jones.
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho.
OCCUPATION	Insurance Agent.	OCCUPATION	H.D.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Cusmon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho

Filed 1-7 1914 G. G. Eske

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 1-12-70 022-859

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No ....., ... St.

Registration District No 100 File No. 1813

Primary Registration District No. 2178 Registered No. 14

Hospital .....

FULL NAME OF CHILD RUTH Luana Oviatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Child's number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Nov. 10 1913

FATHER	MOTHER
FULL NAME: Phil Dewy Oviatt	FULL MAIDEN NAME: Henrietta Heiberm
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Mechanic	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

Midwife

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-7 1914 G. G. Espe

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Amended

11 5 70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18613

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Iwonda Oviatt (Name on Original Certificate) who born (Was Born or Died) on Nov. 10, 1913 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	[redacted]	[redacted]
First name-middle name	omitted Iwauna	Ruth Iwona Oviatt

Subscribed and sworn to before me this 12th day of November, 1970

Notary Public, residing at Boise, Idaho

My commission expires 3 Sept 1973

(Seal)

Signed [redacted]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

..... (Street Address, City, State)

FORM DH 60-155

Own childs birth certificate on file - Idaho - # 4203 gives name of mother as Ruth Iwona Oviatt. Child born Dec. 8, 1944.
Viewed by V.S.

NOV 12 1970

Social Security Card, # 519 22 6731 gives name as Ruth I. Oviatt Curtis.
Card Issued Jan 1952.
Viewed by V.S.

851-213-022-523

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18614

Primary Registration District No. 2178 Registered No. 165

FULL NAME OF CHILD Erma Luciel Heaps

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		yes	Nov (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Earl Heaps	FULL MAIDEN NAME	Nellie Eschler
RESIDENCE	Rexburg	RESIDENCE	~~White~~ Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 1-7 1914 G. G. Espe Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1952

AUG 7 1952

231-118-022-753

Form V. S. No. 11-O-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Lyman~~ Fremont

City of Lyman

No. ..... St.

Registration District No. 100 File No. 18615

Primary Registration District No. 2178 Registered No. 166

Hospital

FULL NAME OF CHILD Alfred Lamb Blackburn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes.	Nov. 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Josiah Blackburn	FULL MAIDEN NAME	Eliza Antonetta Peck.
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. A. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho

Filed 1-7 1914 G. G. Espe

Registrar Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

27 1942

433-223-022-418

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18616

Primary Registration District No. 2178 Registered No. 167

FULL NAME OF CHILD Edna Mayo McCullouch

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
female	✓		✓	Yes	Nov. 23, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Alexander McCullouch	FULL MAIDEN NAME	Ethel Mayo
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 3rd. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

Address Rexburg, Idaho

Filed 1-7 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 27 1976

DECEASED

796-229-022-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18618

Primary Registration District No. 2178 Registered No. 169

FULL NAME OF CHILD Blanche Alta

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Nov. 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Seth B. Grover	FULL MAIDEN NAME	Hannah E. Simmons
RESIDENCE	Lyman Idaho.	RESIDENCE	Lyman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	H.D.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg Idaho

Filed 1-7 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-215-022-968

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18619

Primary Registration District No. 2178 Registered No. 170

FULL NAME OF CHILD Beatrice

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	12 15 1913

FATHER		MOTHER	
FULL NAME	Wm S Walters	FULL MAIDEN NAME	Nellie Rohde
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W AGE AT LAST BIRTHDAY 25 (Years)	COLOR	W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Canada
OCCUPATION	Livery-man	OCCUPATION	—

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eske

M D, (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

Filed 12-15 1913 G. G. Eske Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 2 4 1969

766-116-022-162

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 100 File No. 18620

Primary Registration District No. 2178 Registered No. 171

FULL NAME OF CHILD Arvine Goodliffe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	12. 16. 1913

FATHER		MOTHER	
FULL NAME	Henry Goodliffe	FULL MAIDEN NAME	Emma Josephson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR		COLOR	
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	England	BIRTHPLACE	Ut
OCCUPATION	Tinner	OCCUPATION	

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

M. D. (Physician or midwife)

Given names added from a supplemental report.

..... 19.....

Address .....

Filed 12-16 19 13 G. G. Espe

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

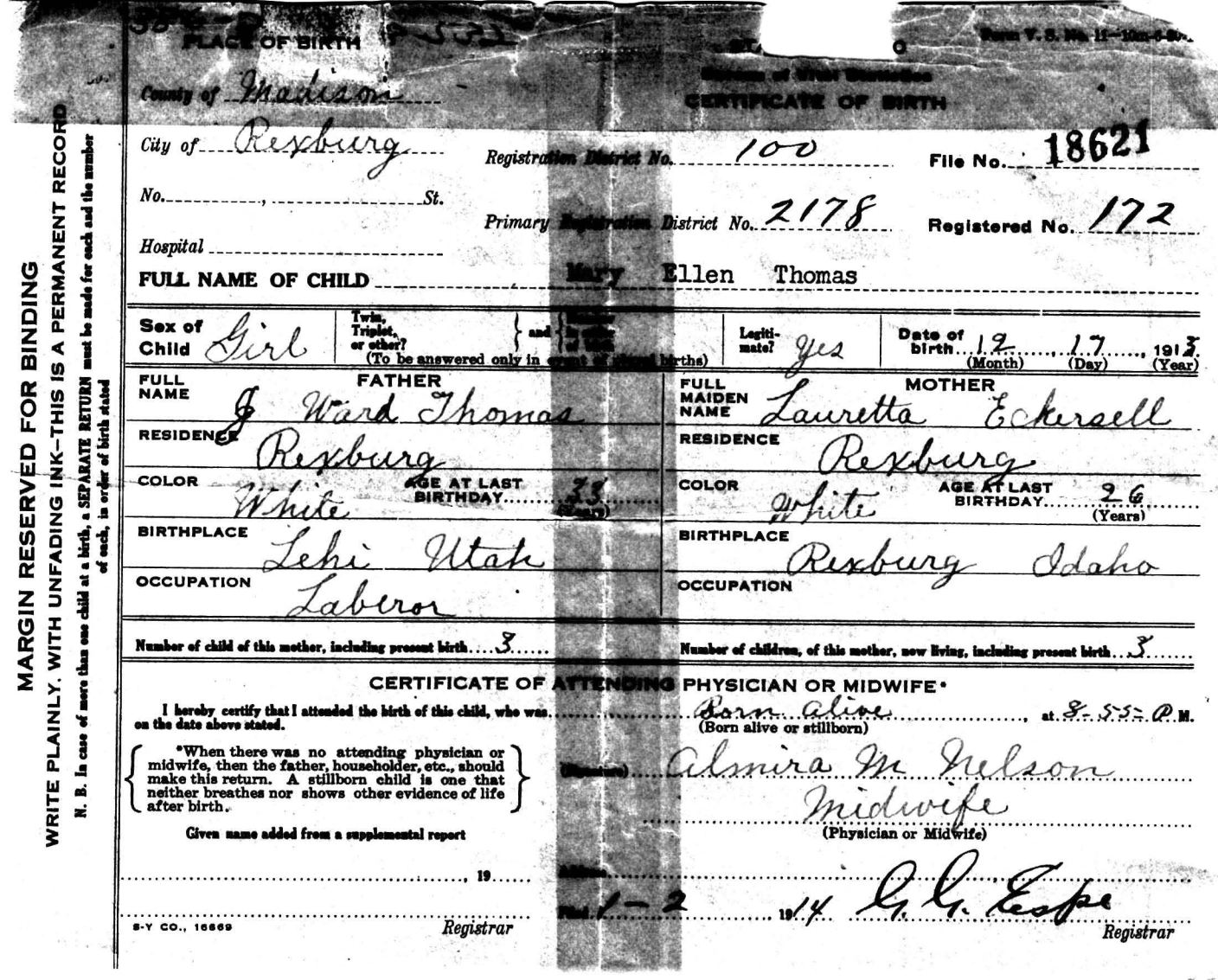
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH

County of Madison

City of Rexburg

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20

Registration District No. 100

File No. 18621

Primary Registration District No. 2178

Registered No. 172

FULL NAME OF CHILD Mary Ellen Thomas

Sex of Child: Girl	Twin, Triplet, or other? and (Number in order of birth) (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 12 (Month) 17 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J Ward Thomas	FULL MAIDEN NAME	Lauretta Eckersell
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lehi Utah	BIRTHPLACE	Rexburg Idaho
OCCUPATION	Laberor	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8-55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or Midwife)

Given name added from a supplemental report

_____, 19____

Address _____

Filed 1-2 1914 G. G. Espe

Registrar

Registrar

S-Y CO., 16669

[redacted]

JUL 14 1983

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

033-[illegible]

[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison

City of Archer

No ....., ... St.

Hospital .....

Registration District No 100

Primary Registration District No 2178

File No. 18623

Registered No. [illegible]

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day)
Mail			Dec 25 [illegible]

FATHER		MOTHER	
FULL NAME	Lional Rufus Lowe	FULL MAIDEN NAME	Alice King
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Isle of Wight England	BIRTHPLACE	Cape Coleny South Africa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth Four

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Archer Idaho

Filed Jan 3 1914

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

DUP OF 13 - 215865

631-227-022-5

[redacted]

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

Form V. S. 10a. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rexburg

Name added 5-22-79

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18624

Primary Registration District No. 2178 Registered No. 175

FULL NAME OF CHILD ANNIE PHYLLIS FLAMM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	12 27 1913

FATHER		MOTHER	
FULL NAME	Geo Flamm	FULL MAIDEN NAME	Annie Edwards
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ut	BIRTHPLACE	Ut
OCCUPATION	Grocery-man	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 30 P. M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Espe M D

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

..... Registrar

Address .....

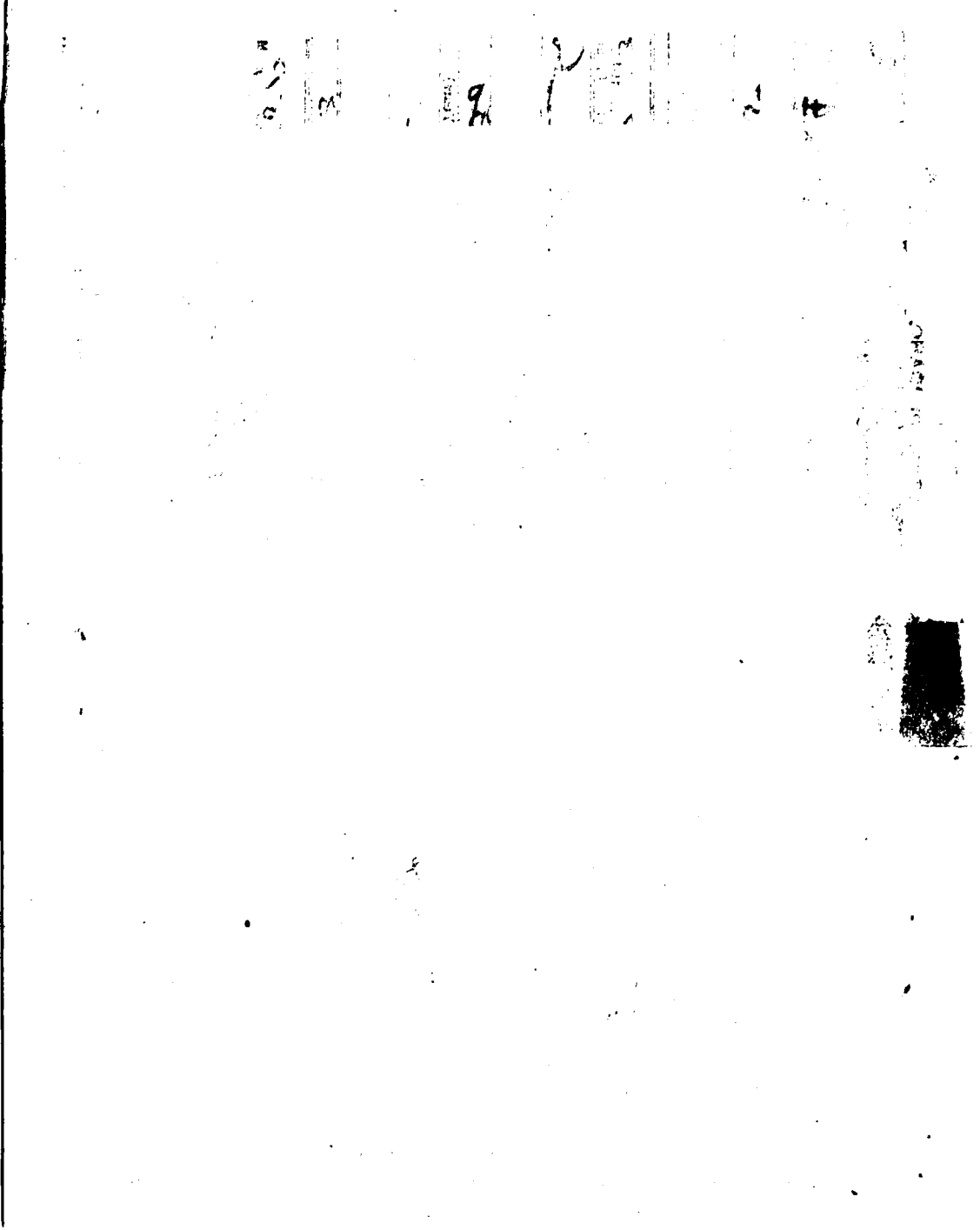
Filed 12-27 1913 G. W. Espe Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 19 3 42 PM '79

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18624

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Flamm (Name on Original Certificate) who was born (Was Born or Died) on Dec. 27, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Annie Phyllis Flamm

Subscribed and sworn to before me this 15th day of
April, 19 79.
Notary Public, residing at Paradise Utah
My commission expires Commission Expires 2-10-80
(Seal)

Signed Mabel F. Flamm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of
April, 19 79.
Notary Public, residing at Paradise Utah
My commission expires Commission Expires 2-10-80
(Seal)

Signed Vedar P. Curtis
(Signature of Any Credible Person)
Paradise, Utah
(Street Address, City, State)

FORM DH 60-155

CL 1-17-61. nm

MAY 22 1979

Photocopy of page from baby book gives name as Annie Phyllis Flamm born 27 Dec 1913 and christened March 1, 1914 by father, Geo. W. Flamm--viewed by VS

Photocopy of LDS Church certificate of birth dated 16 July 1963 gives Annie Phyllis Flamm born 27 Dec. 1913 in Rexburg, Madison County, Idaho to George Flamm and Annie Edwards, entered on records 1 March 1914 -- viewed by VS

219-229-022-843

PLACE OF BIRTH

Form V. S. No. 11—10m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Madison Fremont

City of Burton

Registration District No. 100 File No. 18625

No. ..... St.

Primary Registration District No. 2178 Registered No. 176

Hospital .....

FULL NAME OF CHILD Ida Barney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	12 29 1913

FATHER		MOTHER	
FULL NAME	Moses Barney	FULL MAIDEN NAME	Rachel Hutchison
RESIDENCE	Burton	RESIDENCE	Burton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Lake Shore Utah	BIRTHPLACE	Lake Shore Utah
OCCUPATION	Laberor	OCCUPATION	"

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

Midwife (Physician or Midwife)

Address .....

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 1-2 1914 G. G. Espe Registrar

8-Y CO., 18666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DuPCo 1913 D-53-288

NAME
CHANGE

257-206-033-689

[redacted]

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Madison

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 100 File No. 18627

Primary Registration District No. 2178 Registered No. 179

FULL NAME OF CHILD Margaret Begert

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
female	✓	✓	Yes.	Jan. 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Begert	FULL MAIDEN NAME	Emma Whitmer
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Farmer	OCCUPATION	H. D.

Number of child of this mother, including present birth 2nd Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. A. Crismon M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg, Idaho

Filed 1-7 1914 G. G. Espe

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]

County of [illegible]

City of Blackfoot

No. R.7D 3 St.

Hospital

Registration District No. 121

File No. 18629

Primary Registration District No. 2194

Registered No. 259

FULL NAME OF CHILD Wallace Clarence Wood

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	Sept (Month) 18 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Frank D. Wood	FULL MAIDEN NAME	Martha E. Biorn
RESIDENCE	Blackfoot, R.7.D no 3	RESIDENCE	Blackfoot R.7.D 3
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11-30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper, M.D.

(Physician or Midwife)

Given names added from a supplemental report

Address Blackfoot, Idaho

..... 19....

Filed Dec 10 1913 W. E. Patrie

Registrar

Registrar

S-Y CO., 16670

JUL 12 1948

623-123-006-434

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Black Foot

No. (Rich) St.

Registration District No. 121 File No. 18630

Primary Registration District No. 2194 Registered No. 260

Hospital

FULL NAME OF CHILD Lawrence Astberg

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Oct (Month) 23 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Astberg	FULL MAIDEN NAME	Ethel McMurdy
RESIDENCE	Rich	RESIDENCE	Rich Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Still Born (Born alive or stillborn), at 28 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Black Foot, Idaho

Filed Dec 6 1913 W. E. Patrie Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366 - 101-006-685

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Moreland St.

Registration District No. 121 File No. 18631

Primary Registration District No. 2194 Registered No. 261

Hospital Unnamed

FULL NAME OF CHILD Lowe

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		Yes	Nov (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	L. D. Lowe	FULL MAIDEN NAME	Milicia Wheeler
RESIDENCE	Moreland	RESIDENCE	Moreland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H J Simmons

M D (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Blackfoot Idaho

Filed Dec. 6 1913 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

185-114-006-185

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Idaho Registration District No. 121 File No. 18632

No. ..... St. Primary Registration District No. 2194 Registered No. 262

Hospital .....

FULL NAME OF CHILD Unnamed Ayers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Nov 18 1913

FATHER	MOTHER
FULL NAME L. L. Ayers	FULL MAIDEN NAME Mary Eastes
RESIDENCE Thomas Idaho	RESIDENCE Thomas
COLOR white AGE AT LAST BIRTHDAY 38 (Years)	COLOR white AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mich.	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. Simmons M. D.
(Physician or midwife)

Address Thomas Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

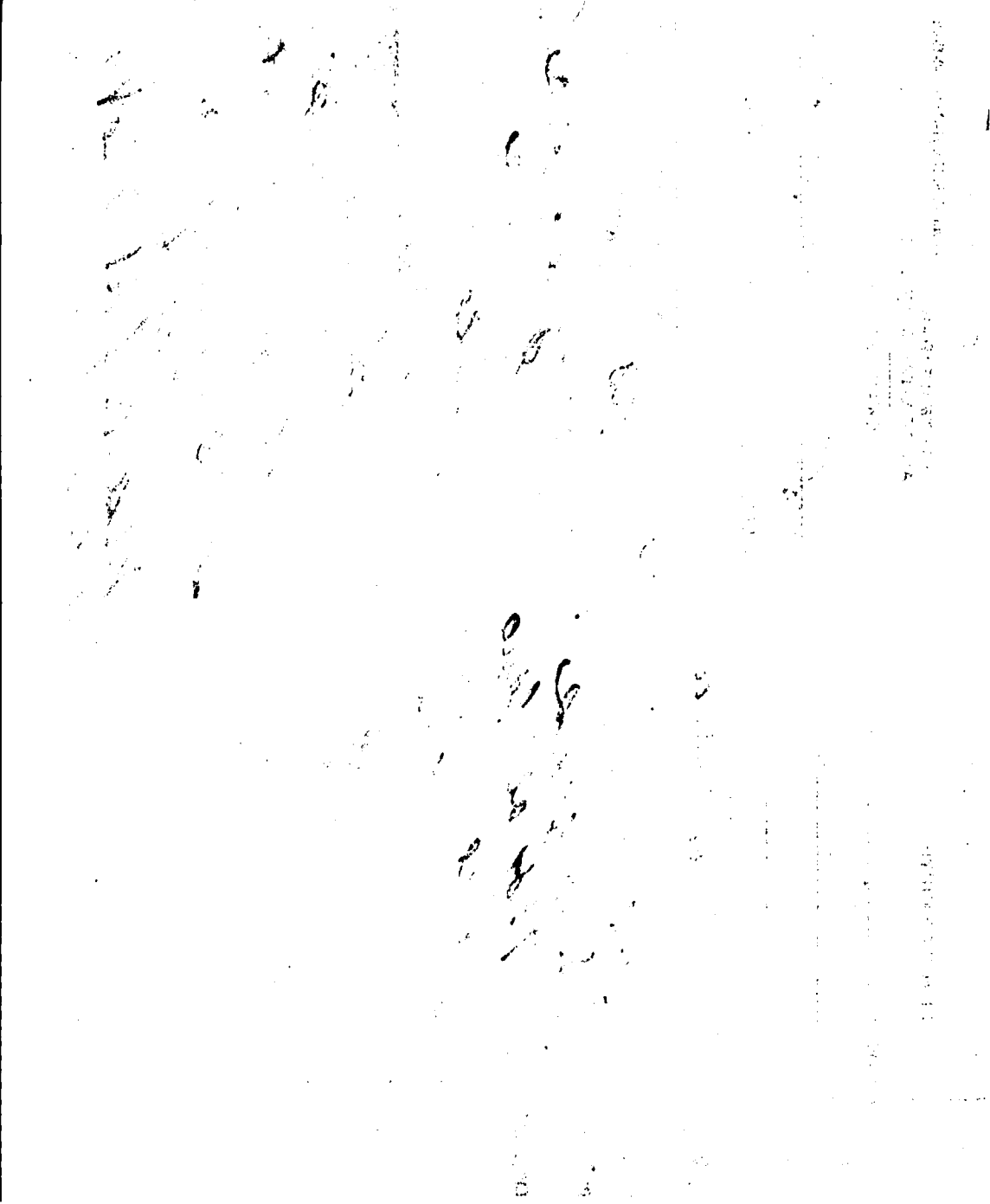
Filed Dec 6 19 13 M. E. Parker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



493-122-006-593

PLACE OF BIRTH

Amended 2-2-56

County of Bingham

City of Blackfoot

No. E Main & Bridge St.

Hospital

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 18633

Primary Registration District No. 1007 Registered No. 263

FULL NAME OF CHILD RAYMOND NICHOLS MILLER
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Nov 22 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Ottis Rae Miller	FULL MAIDEN NAME	Lena Nichols
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Calif
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D. (Physician or midwife)

Address Blackfoot, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Dec. 6 1913 W. E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
JAN 31 1956
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bingham } ss.

Certificate No. 18633

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nichols Miller (Name on Original Certificate) who was born (Was Born or Died) on November 22, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Child's birth certificate Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on 194--- Idaho File #390663 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Missing	Raymond

Subscribed and sworn to before me this 30th day of January, 19 56

Notary Public, residing at Blackfoot, Idaho
My commission expires January 6, 1960
(Seal)

Signed Glen D. Letcher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

Sunset Blackfoot Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 19 56

Notary Public, residing at Blackfoot, Idaho
My commission expires January 6, 1960
(Seal)

Signed Sam Knight
(Signature of Any Credible Person)

5-66 Cleveland Ave
Blackfoot Ida.
(Street Address, City, State)

FORM DPH 55-155

273-207-006-168

PLACE OF BIRTH

Form V. S. No. [illegible] 15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bingham

~~City of~~ Blackfoot Rmr

Registration District No. 121 File No. 18634

No. ....., ... St.

Primary Registration District No. 2194 Registered No. 264

Hospital .....

FULL NAME OF CHILD ~~Emma~~ IRENE, ~~[illegible]~~ EMMA, Ball.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	Yes	Nov. (Month) 7 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Belo Ball	FULL MAIDEN NAME	Emma C. Johnson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Wiscon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper, M.D.

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Blackfoot Idaho

Filed Dec 10 1913 M E Patrie

Registrar Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 18634
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of vit Birth (Birth or death)
for Emma Irone Ball (Name on original certificate) who was born (Was born or died) on Nov. 7, 1913 (Date of event)
in Blackfoot, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Indurance policy (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name		
	Emma Irone Ball	Irene Emma Ball

Subscribed and sworn to before me this 5 day of February, 1942

E. E. Taylor

Notary Public, residing at Blackfoot Ida

My commission expires Jan 7th 1944

[SEAL]

Signed [illegible] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

[illegible] (Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho, Bingham } ss.
County of Bingham }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of February, 1942

E. E. Taylor

Notary Public, residing at Blackfoot Ida

My commission expires Jan 7th 1944

[SEAL]

Signed Rose B. Elsworth (Signature of any credible person other than the previous affiant)

Blackfoot Idaho. (Street Address, City, State)

Received for filing on FEB 7 1942 by (Registrar's signature)

Amended 8-6-59

PLACE OF BIRTH

713-201-006-993

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Cormie Add. St.

Registration District No. 121 File No. 18635

Hospital

Primary Registration District No. 1007 Registered No. 265

FULL NAME OF CHILD Thelma Patten
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec. 1, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth: two Number of children of this mother now living, including present birth: two

FATHER	MOTHER
FULL NAME: Lachoneus A. Patten	FULL MAIDEN NAME: Mary Richens
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary C. Clark

Midwife
(Physician or midwife)

Address

Filed Jan. 6, 1914 W.E. Patrie
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certificate of Baptism and Confirmation (L.D.S. Church) Feb. 5, 1922 gives name as Thelma Patten and birthdate as December 1, 1913 - viewed by V.S.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

other documents listed on back -

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ARIZONA } ss.
County of MARICOPA

FEE
NOV 12 1958
Bureau of Vital Statistics

Certificate No. 18635

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Melda Patten (Name on Original Certificate) who was born (Was Born or Died) on Nov. 1, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's First Name	Nelda	Thelma
Date of Birth	November 1, 1913	December 1, 1913

Subscribed and sworn to before me this 31 day of October, 1958

Notary Public, residing at Mesa Arizona

My commission expires My Commission Expires May 9, 1962
(Seal)

Signed Mary E. Patten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

761 S. Horne St. Mesa, Ariz.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ARIZONA } ss.
County of MARICOPA

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of October, 1958

Notary Public, residing at Mesa Arizona

My commission expires My Commission Expires May 9, 1962
(Seal)

Signed Jesse Arnett
(Signature of Any Credible Person)

511 So. Miller Mesa, Arizona
(Street Address, City, State)

DPH 52-155

L.D.S. Church Certificate of Birth; information entered on their records March 1, 1914 gives child's name as Thelma Patten, & birthdate as December 1, 1913- viewed by V.S.

Gila Junior College of, Graham County, Thatcher, Arizona-Junior College Certificate in Arts, May 18, 1934 gives name as Thelma Patten - viewed by V.S.

Amended 5-15-61

PLACE OF BIRTH

281-215-006-213

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 349 W. Judicial St. Registration District No. 121 File No. 18636

Hospital Primary Registration District No. 1007 Registered No. 266

FULL NAME OF CHILD Edith Floy Shaffer
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec. 19, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Glen Temple Shaffer	FULL MAIDEN NAME: Sylvia Leona Baldwin
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Utah
OCCUPATION: General Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Hoover

Physician
(Physician or midwife)

Address Blackfoot, Ida.

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Dec. 23, 1913 W.E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 18636

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Shafer (Name on Original Certificate) who was born (Was Born or Died) on Dec. 19, 1913 (Date of Event) in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by School Report Baby Book (Bible Record, Insurance Policy, Etc.) prepared on May 9-1924 Dec 19-1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Edith Flay Shaffer
Father's Last Name	Shafer	Shaffer

Subscribed and sworn to before me this 1st day of March, 1961

Leslie J. Lenker

Notary Public, residing at Bliss Idaho

My commission expires March 15-1963

(Seal)

Signed Glen Temple Shaffer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Bliss Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

CL 2-15-61. one copy pd. receipt #11960.

Letter written to Mr. Glen T. Shaffer on April 10, 1943 from the Southern Idaho Production Credit Association gives last name spelled as Shaffer - viewed by V.S. letter has been numbered - T. No. 7362 -

Certificate of Marriage, July 3, 1911 at Montpelier, Idaho gives full name of groom as Glenn Shaffer and full maiden name of bride as Sylvia Baldwin - viewed by V.S.

Baby Book, (How to take card of the Baby, Sears, Roebuck and Co.), gives full name of parents as Mr. and Mrs. Shaffer and one child's full name as Edith Floy Shaffer, born Friday Dec. 19, 1913 - viewed by V.S.

Own Child's Birth Certificate on file: (Idaho Birth) #55-13569 gives full name (Maiden) of mother as Edith Floy Shaffer - viewed by V.S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 307 Judicial St.

Hospital No

Registration District No. 121 File No. 18637

Primary Registration District No. 1007 Registered No. 267

FULL NAME OF CHILD Richard DeLane Conkle

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth
Boy		Yes	12 (Month), 13 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Elba Conkle	FULL MAIDEN NAME	Anna Myrtle Walters
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given names added from a supplemental report

..., 19...

Address

Filed Dec 24 1913 M. E. Patrie Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

SEP 2 0 1973

NOV 3 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of [illegible]

CERTIFICATE OF BIRTH

City of Blackfoot

Registration District No. 121

File No. 18639

No. 638 University St.

Primary Registration District No. 1067

Registered No. 269

Hospital No.

FULL NAME OF CHILD Harvey White Robertson

Sex of Child Boy	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of birth 12 (Month) 23 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME John C. Robertson	FULL MAIDEN NAME Edith May Hawley
RESIDENCE Teton Basin	RESIDENCE Teton Basin
COLOR White AGE AT LAST BIRTHDAY 47 (Years)	COLOR White AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Utah
OCCUPATION Cattle Man	OCCUPATION Housewife

Number of child of this mother, including present birth twelve

Number of children, of this mother, now living, including present birth eleven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batsway

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address

Filed Jan 5 1914 M. E. Ritue Registrar

Registrar

S-Y CO., 16669

FEB 8 1944

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH:**
(a) County Bingham (b) City Blackfoot
(c) Street Address or R F.D No.
(d) Name of Hospital or Maternity Home:
at Residence
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home.....days.
In **THIS** county.....years.....months.....days.

2. **USUAL RESIDENCE of MOTHER:** (Always fill in these)
(a) State Idaho (b) County Teton
(c) City Victor
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 50 yrs.
(f) Mother's mailing address Deceased

3. **RESIDENCE OF FATHER** (city, state) Victor Idaho

4. **FULL NAME OF CHILD** Harvey White Robertson

5. Date of Birth (Month, day, year) Dec 13 - 1913

6. Sex. Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9 Mo.

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Joseph Clements Robertson
11. Color or Race White
12. Age at time of THIS birth 46 yrs.
13. Birthplace Dement (City or town) Illiones (State or foreign country)
14. Exact Occupation Merchant
15. Industry or Business General Merchandise

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Edith May Hawley
17. Color or Race White
18. Age at time of THIS birth 36 years
19. Birthplace Pleasant Grove (City or town) Utah (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business

22. ~~Name~~ prophylactic used to prevent Ophthalmia Neonatorum None
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1
(c) Born alive and now dead 1 (d) Stillborn None

24. I HEREBY CERTIFY That I attended the birth of this child, who was (born alive, ~~stillborn~~) at 8 ~~A.~~ M. on the date and at the place stated above, and that personal particulars were furnished by Joseph Clem Robertson (First name) (Last name) who is related to this child as Father (Mother, etc.)

26. (a) (Date received) (b) (Registrar's signature)

27. Given name added on by (Registrar's signature)

25. Attendant's **OWN signature** ~~M.D.~~ or (D.O., Midwife, etc.)
and address Date

State of California
County of San Diego } ss.

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Joseph Clem Robertson, being first duly sworn, say that I am related (Related to (or ~~acquainted with~~) Harvey White Robertson (Name of person on certificate above) as Father (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that (Name of attendant at birth), who attended said birth Cannot locate (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Joseph Clem Robertson Name
Victor, Idaho P. O. Address

Subscribed ~~and~~ sworn to before me on this 21st day of January, 1942

(SEAL) Mildred C. B. Mills Notary Public, residing at La Jolla, Calif.

My Commission Expires March 20, 1945.

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

453-210-006-619

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

Registration District No. 121 File No. 18640

No. ....., ... St.

Primary Registration District No. 2194 Registered No. 220

Hospital No

FULL NAME OF CHILD ~~Leyman Waldo~~ Harry Blaine Metcalf (?)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	12 10 1913

FATHER		MOTHER	
FULL NAME	Levi J. Metcalf	FULL MAIDEN NAME	Lucy Warren
RESIDENCE	Richfield Idaho	RESIDENCE	Richfield Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth. four

Number of children, of this mother, now living, including present birth. four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. O. Bateman

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Dec 16 1913 W. E. Pate Registrar

S-Y CO., 10000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

County of Bingham

City of Sterling

No. ..... St.

Hospital ETHYL MARGUERITE

FULL NAME OF CHILD Edith Satterfield

CERTIFICATE OF BIRTH

Registration District No. 121

File No. 18641

Primary Registration District No. 2194

Registered No. 271

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—		—	Yes	Dec 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Luther A. Satterfield	FULL MAIDEN NAME	Laura Rice
RESIDENCE	Sterling, Ida.	RESIDENCE	Sterling, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Alabama	BIRTHPLACE	Nevada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Second

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M. D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

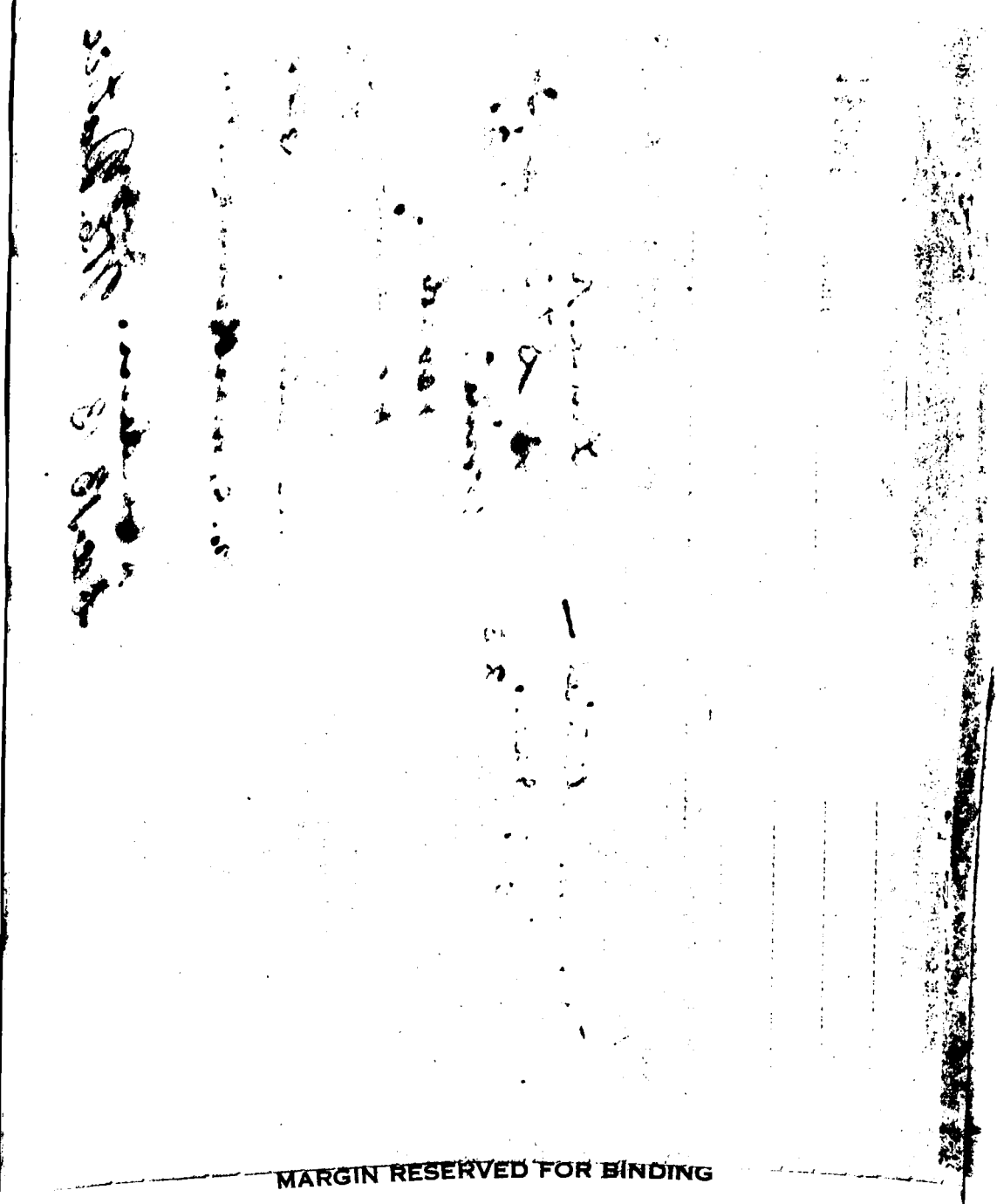
..... Registrar

Address Aberdeen, Ida.

Filed Dec 13 1913

W. E. Datrie Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18641

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Edith	Ethyl Marguerite Satterfield

Subscribed and sworn to before me this 25 day of Aug. 1942

W. E. Blackburn

Notary Public, residing at Springfield

My commission expires Sept 1 1942
(Seal)

Signed Laura B Rice Satterfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of Aug. 1942

W. E. Blackburn

Notary Public, residing at Springfield

My commission expires Sept 1-42
(Seal)

Signed Marion J Thurston
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 27 1942

OCT 4 1960

AUG 3 1 1942

318-102-006-433

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Belfast

No. 969 S Shelling St.

Registration District No. 121

File No. 18642

Primary Registration District No. 1007

Registered No. 272

Hospital

FULL NAME OF CHILD CARMEN McCOWEN Taylor

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	1		1	yes	Dec 2 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Earl Taylor	FULL MAIDEN NAME	Opal McCowan
RESIDENCE	Belfast 969 S Shelling	RESIDENCE	Utah
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Brick Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10 15 a M on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B Davis

(Physician or midwife)

Given names added from a supplemental report.

19

Address

Registrar

Filed Jan 1 1914

W. E. Patrick
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. Certificate No. 18642

County of Orange } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for (Carmen McCowen) Unnamed Taylor (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 2, 1913 (DATE OF EVENT) in Blackfoot (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Doctor Davis's record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 12/2/13 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Taylor	Carmen McCowen Taylor
Carmen McCowen	Carmen McCowen Taylor	

Subscribed and sworn to before me this 29 day of January, 1942

[illegible signature]

Notary Public, residing at Laguna Beach

My commission expires Nov. 8, 1944 (SEAL)

Signed Earl O. Taylor (SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1480 Glenneyre, Laguna Beach, Calif. (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.

County of Orange

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of February, 1942

[illegible signature]

Notary Public, residing at Laguna Beach, California

My commission expires October 18, 1944 (SEAL)

Signed Ira E. Taylor (SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1445 Glenneyre Street (STREET ADDRESS, CITY, STATE)

Laguna Beach, California

Received for filing on FEB 27 1942 By (REGISTRAR'S SIGNATURE)

MAR 2 1942

NOV 5 1942

NOV 8 1944

714-121-006-731

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bing

City of Springfield

No. ..... St.

Hospital .....

Registration District No. 121

File No. 18643

Primary Registration District No. 2194

Registered No. 273

FULL NAME OF CHILD Halvor Martin Paulsen

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male			Dec 21st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Erling Paulsen	FULL MAIDEN NAME	Mary Glad
RESIDENCE	Springfield	RESIDENCE	Springfield
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 740 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W A Edwards

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 5 1914 W. E. Patrick Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

155-105-006-313

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. No. Living

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 18644

Primary Registration District No. 1007 Registered No. 274

FULL NAME OF CHILD Isaac Leon Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Dec 5 1913

FATHER		MOTHER	
FULL NAME	Isaac N. Jensen	FULL MAIDEN NAME	Martha Call
RESIDENCE	Blackfoot Idaho	RESIDENCE	Do
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Idaho	BIRTHPLACE	Wyo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys.

(Physician or midwife)

Address Blackfoot Idaho

Filed Dec 10 1913 M. E. Patrie

Registrar

Given names added from a supplemental report

.....19.....

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-209-006-236

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Moreland Precinct

No. No St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 18645

Primary Registration District No. 2194 Registered No. 210

FULL NAME OF CHILD Eleanor Grace Severin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 9 1913

FATHER

FULL NAME Wm C. Severin

RESIDENCE Blackfoot Route 4

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Nebraska

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amanda Block

RESIDENCE Do

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie Phys

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Dec 19 13 M E Patrie
Registrar

S-Y CO. 20174

JUL 23 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29-123 006-231

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 859 N. Stout St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 121 File No. 18646

Primary Registration District No. 1007 Registered No. 226

FULL NAME OF CHILD Jesse Barker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 23 1913

FATHER

FULL NAME Harold F. Barker

RESIDENCE Blackfoot Idaho

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Minn

OCCUPATION Painter

MOTHER

FULL MAIDEN NAME Ada Blair

RESIDENCE Do

COLOR Whi AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Price

Phys (Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Dec 3 1913 M E Price
Registrar

B-Y CO. 20174

866-206-006-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot (North)

Registration District No. 121

File No. 18647

No. ..... St.

Primary Registration District No. 2194

Registered No. 277

Hospital .....

FULL NAME OF CHILD Ella May Hofer

Sex of Child Female

Twin Triplet or other? Single and Number in order of birth 4
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Dec (Month) 6 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	August Hofer	FULL MAIDEN NAME	Sarah Louisa Barnard
RESIDENCE	Blackfoot Idaho	RESIDENCE	Blackfoot Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Bountiful, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 32

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Beck

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Blackfoot, Idaho

Filed Jan 5 1914 W. E. Patrie Registrar

..... Registrar

S-Y CO. 24655

267-219-006-759

PLACE OF BIRTH

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18649

County of Bingham

City of Riverside Ward

Registration District No. 121 File No.

No. St.

Primary Registration District No. 2194 Registered No. 229

Hospital

FULL NAME OF CHILD Marion Delmer Kopta

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	12 14 1913

FATHER		MOTHER	
FULL NAME	Hermann H Kopta	FULL MAIDEN NAME	Sophy Gerns
RESIDENCE	Riverside Ward	RESIDENCE	Riverside Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Wife Mother

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Address Blackfoot R. F. D. 2

Filed Dec 22 1913 M. E. Patee Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 8-6-59

PLACE OF BIRTH

497-204-006-293

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 257 W. Judicial St. Registration District No. 121 File No. 18650

Hospital Primary Registration District No. 1007 Registered No. 280

FULL NAME OF CHILD Velma Ada Dixon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Dec. 4, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Robert Dixon	FULL MAIDEN NAME: Bertha Bitton
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Common Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Patrie

Physician
(Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Filed Jan. 1, 1914 W. E. Patrie
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

L.D.S. Certificate of Own Child, Rec'd D. Hansen, Sept. 30, 1945 gives mother's name as Velma Ada Dixon - viewed by V.S. and Own Marriage Certificate, Salt Lake City, Utah; June 1, 1933 gives brides name as Velma Ada Dixon- viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bingham }

Certificate No. 18650

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Dixon (Name on Original Certificate) who born (Was Born or Died) on Dec. 4, 1913 (Date of Event) in Blackfoot (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by church and school record (Bible Record, Insurance Policy, Etc.) prepared on March 1914 and 1930-1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Velma Ada Dixon

Subscribed and sworn to before me this 10th day of December, 19 58

Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 29, 1960
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Blackfoot, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of March, 19 58

Notary Public, residing at Blackfoot, Idaho
My commission expires Feb. 29, 1960
(Seal)

Signed [signature]
(Signature of Any Credible Person)

Route 2, Blackfoot, Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCL 5-21-58 1 copy paid

089-205-006-168

PLACE OF BIRTH

Form V. S. No. 11-C-[illegible]-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

No. ..... St.

Hospital No

Registration District No. 121 File No. 18651

Primary Registration District No. 2194 Registered No. 281

FULL NAME OF CHILD Othea Whiting

Sex of Child Female | Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Dec 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lucius B. Whiting	FULL MAIDEN NAME	Pearl Johnson
RESIDENCE	Blackfoot RFD #1	RESIDENCE	Do
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 55 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrick

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 1 1914 M. E. Patrick

Registrar

Registrar

B-Y CO. 20174

OCT 27 196

719-208-006-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-16/12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 105 N. Pacific St.

Hospital No

Registration District No. 121

File No. 18652

Primary Registration District No. 1007

Registered No. 282

FULL NAME OF CHILD Jane Winstead Parmelee

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth Dec 8 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	B. M. Parmelee	FULL MAIDEN NAME	~~Jane~~ Winstead Davis
RESIDENCE	Springfield Idaho	RESIDENCE	Do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 1 1914 M. E. Patrie

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

APR 1 1940

MAR 17 1952

FEB 19 1962

DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

PLACE OF BIRTH

[illegible]

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 39 Adams Ave

Registration District No. 121

File No. 18653

Primary Registration District No. 1007

Registered No. 283

Hospital

FULL NAME OF CHILD Jack Francis ~~[illegible]~~ Kinney

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas. W Kinney	FULL MAIDEN NAME	Pearl Smith
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kans.
OCCUPATION	Shoemaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W Mitchell

(Physician or midwife)

Given names added from a supplemental report

19

Registrar

Address

Filed Jan 11 1914 W. E. Patrick

Registrar

8-Y CO. 20174

STATE OF OHIO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

19-1-41

19-1-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Blackfoot

Registration District No. 121

File No. 18654

No. 47, Cleveland Ave.

Primary Registration District No. 1007

Registered No. 284

Hospital

FULL NAME OF CHILD Gertrude Francis Roy

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter C. Roy	FULL MAIDEN NAME	Christina Kaus
RESIDENCE	Blackfoot, Idaho	RESIDENCE	Blackfoot, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address.....

Registrar

Filed Jan 19 14 W. C. Patrick

Registrar

S-Y CO. 20174

JUN 30 1965

DECEASED

853-211-035-133

Form V. S. No. 11-C-[illegible]

PLACE OF BIRTH

County of Ney Perce

City of Webb

No. ..... St.

Hospital .....

Registration District No. [illegible]

Primary Registration District No. 2174

File No. 18655

Registered No. .....

FULL NAME OF CHILD Not given Margaret Hazel Heckman

Sex of Child female	Twin Triplet or other? - and Number in order of birth - (To be answered only in event of plural births)	Legitimate? yes.	Date of Birth 12 (Month) - 11 (Day) - 1913 (Year)

FATHER		MOTHER	
FULL NAME	Argie A. Heckman	FULL MAIDEN NAME	Minnie Allenspach
RESIDENCE	Webb.	RESIDENCE	Webb.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Washington
OCCUPATION	farmer.	OCCUPATION	house wife.

Number of child of this mother including present birth -1-

Number of children of this mother now living, including present birth -1-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.00 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Dec 1913

[signature] Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Nez Perce } ss.

RECEIVED
NOV 4 1964
Bureau of Vital Statistics

Certificate No. 18655

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Heckman (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 11, 1913 (Date of Event)
in Webb, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Margaret Hazel Heckman

Subscribed and sworn to before me this 26th day of October, 1964

Russell Caldwell
Notary Public, residing at Lewiston, Idaho
My commission expires 1-16-67
(Seal)

Signed Mrs Minnie Heckman (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lapwai, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 9-2-64. one copy pd. rec. #3570.

Orofino High School Diploma, Orofino, Idaho, dated May 17, 1933 gives full name of student as Margaret Hazel Heckman - viewed by V.S.

Copy of Page Three of Family Record, appears old and unaltered gives one full name as Margaret Hazel Heckman, born Dec. 11, 1913 - married Loyd Butler Nov. 24, 1936 - viewed by V.S.

FEB 18 1965

234-113-035-2 [redacted]

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Ny Pen[redacted]

City of Webb

Registration District No. 97

File No. 18656

No. ..... St.

Primary Registration District No. 2174

Registered No. .....

Hospital .....

FULL NAME OF CHILD ~~[illegible]~~ John Everette Studer

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	12 - 13 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Studer	FULL MAIDEN NAME	Jessie S. Barber
RESIDENCE	Webb	RESIDENCE	Webb
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Iowa	BIRTHPLACE	Minn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Grapp

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan. 10 1913 J H Rapsdale Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of South Dekota } ss.
County of Roberts }

Certificate No. 18656
Date Filed APR 17 '42

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for John Everette Studer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on December 13, 1913, (DATE OF EVENT) in Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 13, 1913, (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	not given	John Everette Studer

Subscribed and sworn to before me this 14th day of April, 19 42

Carla E. Jones

Notary Public, residing at Sisseton, S. Dak.

My commission expires Dec. 3, 1942
(SEAL)

Signed Louis Studer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Sisseton, South Dakota
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of South Dakota } ss.
County of Roberts }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 19 42

Carla E. Jones

Notary Public, residing at Sisseton, S. Dak.

My commission expires Dec. 3, 1942.
(SEAL)

Signed Jessie S. Studer
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Sisseton, South Dakota
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

K

APR 2 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Neg. Perce

City of Culdesac.

No. ..... St.

Hospital .....

Registration District No. 97

Primary Registration District No. 2174

File No. 18657

Registered No. .....

FULL NAME OF CHILD Not Given -

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
male	—		—	yes	12 - 18 - 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James A. Monroe	FULL MAIDEN NAME	Mattie D. Carson
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ark.	BIRTHPLACE	Tenn.
OCCUPATION	farmer	OCCUPATION	housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H N Lloyd

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Dec 19 13 J A Ragsdale

Registrar

S-Y CO. 20174

PLACE OF BIRTH

631-106-022-145

PLACE OF BIRTH

STATE [redacted]
BUREAU OF V[redacted]
CERTIFICA[redacted]

[redacted]rm V. S. No. 11-C—28m-1-1-13

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 99 File No. 18658

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Takoshi Ota

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 6 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Sukeyoshi Ota	FULL MAIDEN NAME	~~Sisi~~ Seki Amemiya
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:40 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. West M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address St Anthony Ida

Filed Jan 8 1914 W. D. West M.D.

..... Registrar Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

3/26/41 Z.J.
2nd copy made 4/14/41 L. B.

39-122-042-364

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18659
Local Reg. No.
Reg. Dist. No. 99

Amended 2-8-68

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parker
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Fredrick
b. (Middle): Myron
c. (Last): Crapo

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): December 22, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Geo.
b. (Middle): A.
c. (Last): Crapo

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Housely

13. AGE (At time of this birth): 39 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. B. West, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: St. Anthony, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Jan. 8, 1914

22. REGISTRAR'S SIGNATURE: W. B. West

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

Use BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the local registrar of the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

FEB 9 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JAN 30 1968 Bureau of Vital Statistics

State of Idaho } ss. Certificate No. 18659

County of Fremont Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Edwin A Crapo (Name on Original Certificate) who was born (Was Born or Died) on Dec. 22, 1913 (Date of Event)

in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on April 27, 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Edwin A Crapo	Fredrick Myron Crapo

Subscribed and sworn to before me this 5 day of Jan, 1968

La Monte Bauer

Notary Public, residing at Clerk Of The District Court

My commission expires elective

(Seal)

Signed Helen Crapo Erikson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Parker, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Jan, 1968

La Monte Bauer

Notary Public, residing at Clerk Of The District Court

My commission expires elective

(Seal)

Signed Cleo W. Crapo

(Signature of Any Credible Person)

Rte # 2 St. Anthony, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 12-28-67. nm

Marriage Certificate, State of Utah, County of Cache, gives name of Groom as Fredrick Myron Crapo and name of Bride as Cleo Magdalin Williams, dated April 27, 1945 - viewed by V.S.

Certificate of Ordination to Teacher, L.D.S. Church, gives date of Baptism as Aug. 5, 1922, born Dec. 22, 1913, at Parker, Fremont, Idaho, gives name as Frederick M. Crapo, Parent's Geo. A. Crapo and Elizabeth Horsley, entered in Record of Members Jan. 7, 1930, Book 1, No 307 - viewed by V.S.

Own child's birth certificate on file Idaho, File #429817, gives name of father as Fredrick Myron Crapo, child born Dec. 25, 1946 - viewed by V.S.

819-211-022-369

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99 File No. 18661

Primary Registration District No. 2177 Registered No. .....

FULL NAME OF CHILD Mary Hardy.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—			Yes	Dec 11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mr Frank Hardy.	FULL MAIDEN NAME	Emily Viola Cazier
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morfield, M.D.

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 8 1914 W B West Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1961

295-109-022-699

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 99

File No. 18662

Primary Registration District No. 2177

Registered No. .....

FULL NAME OF CHILD Dean Singleton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
male		yes	Dec (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas Singleton	FULL MAIDEN NAME	Ora Wright
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	14 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

St Anthony (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 8 1914

V B West Registrar

Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

299-207-022-235

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev-8-15-12

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Registration District No. 99 File No. 18663

Primary Registration District No. 2177 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ina Pearl Birch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Dec 7 1913

FATHER		MOTHER	
FULL NAME	James T Birch	FULL MAIDEN NAME	Mary Stewart
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. Morfield

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

..... Registrar

Filed Jan 8 19 14 W Peters Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 1 8 1975

DECEASED

683 - 111-025-249

[redacted] 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18664

Registration District No. 2147 File No. .....

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Claude Edward Wylie

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓ (To be answered only in event of plural births)	1	Yes.	Dec 11 1913

FATHER		MOTHER	
FULL NAME	George H. Wylie	FULL MAIDEN NAME	Florence L. Smith
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wis	BIRTHPLACE	Nebr.
OCCUPATION	barber	OCCUPATION	H W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6:10 M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. E. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report.

..... 19.....

Filed 12/12 1913 P. E. Faust

..... Registrar

Registrar

9-Y CO. 24655

[redacted]

#8

MAY 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

381-118-029-243

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

Registration District No. 2147 File No. 18665

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD Burton Robert

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Dec 18 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John E. Chapman	FULL MAIDEN NAME	Doretha Buckridge
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Chapman
father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Avon

Filed Jan. 2 1914 R. C. Stanst
Registrar

S-Y CO. 24655

962-214-031-717

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

Registration District No. 29 File No. 18666

No. ....., ... St.

Primary Registration District No. 2128 Registered No. .....

Hospital .....

FULL NAME OF CHILD Elsa Rosencranse

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Female			6th	6th yes	December 14, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Delos Rosencranse	FULL MAIDEN NAME	Elnore Page
RESIDENCE	Kamiah	RESIDENCE	Kamiah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borned a live Dec 14 at 9 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E Taylor M.D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1-8 1914 E Taylor M.D Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

689-230-029-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of Grimsey

No. ....., ... St.

Hospital .....

Form V. S. No. 11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 18667

Primary Registration District No. 2142 Registered No. 22

FULL NAME OF CHILD Margane Dixey Whitted

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
7		Yes	Nov 30 1913

FATHER		MOTHER	
FULL NAME	Howard Whitted	FULL MAIDEN NAME	Iva Brown
RESIDENCE	Grimsey	RESIDENCE	Grimsey
COLOR	W AGE AT LAST BIRTHDAY 21 (Years)	COLOR	W AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tierney

Grimsey Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-9 1913 W. H. Cheney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 1 7 1970

651-102-029-243

PLACE OF BIRTH

AMENDED DECEMBER 1, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ____ St.

Registration District No. 62 File No. 18668

Hospital ____ Primary Registration District No. 2142 Registered No. 23

FULL NAME OF CHILD Xena Harrison Weatherby
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec. 2, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Benjamin Weatherby	FULL MAIDEN NAME: Frances Buckallow
RESIDENCE: Genesee	RESIDENCE: Genesee
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Ind.
OCCUPATION: Rancher	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy

Genesee, Idaho
(Physician or midwife)

Address ____

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed 12-9 1913 W. H. Eheur
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECEIVED
DEC 1 - 1953
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Latah

Certificate No. 18668
Date Filed 12-9-1913

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death) for Vergil Harrison Weatherby (Name on Original Certificate) who BORN (Was Born or Died) on Dec. 2, 1913 (Date of Event) in Genesee Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Dec 9, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Vergil Harrison Weatherby	Vergil Harrison Weatherby	Xena Harrison Weatherby
Birth day Dec 2. 1913		Birth day Dec 2, 1913
[illegible]	[illegible]	[illegible]

Subscribed and sworn to before me this 23 day of November, 1953

Notary Public, residing at Moscow Ida
My commission expires 2-7-56
(Seal)

Signed Benjamin Weatherby
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
316-11 Ave Lewiston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of November, 1953

Notary Public, residing at Moscow Id
My commission expires 2-7-56
(Seal)

Signed Ruby E. Flatt
(Signature of Any Credible Person)
211 N. Lily Moscow Idaho
(Street Address, City, State)

386-205-029-639

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Latah

City of Genesee

No. ....., ... St.

Hospital .....

Registration District No. 62 File No. 18669

Primary Registration District No. 2142 Registered No. 24

FULL NAME OF CHILD Alice Thompson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
female	—		—	Yes	Dec. 5 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Joseph Gillingham Thompson	FULL MAIDEN NAME	Grace Oliver
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Trenton New Jersey	BIRTHPLACE	Leland Idaho
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McColl

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Genesee Idaho

Filed 12-9 1913 W. H. Chem

Registrar Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

NOV 1 1960

274-108-029-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Genesee

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 62 File No. 18670

Primary Registration District No. 2142 Registered No. 25

FULL NAME OF CHILD Charles Sidney Spurbeck

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Dec 8 1913

FATHER		MOTHER	
FULL NAME	Rollin Spurbeck	FULL MAIDEN NAME	Effie Wardrobe
RESIDENCE	Genesee	RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Tuomey M.D.

Genesee Idaho (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 12-20 1913 W. H. Cheene Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m—7-51

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

FEB 13 1952

944-125-025-713

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 18671

Primary Registration District No. 2044 Registered No. 452

FULL NAME OF CHILD not named —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 25 1913

FATHER		MOTHER	
FULL NAME	Robert Zumwalt	FULL MAIDEN NAME	Mary Patterson
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Washington	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G B Stratton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec 30 19 13 Jesse L Rains Registrar

..... Registrar

Dec 9.5.3.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BIRTH

619-203-025-795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

No. ....., ... St.

Hospital .....

Registration District No. 10 File No. 18672

Primary Registration District No. 2044 Registered No. 450

FULL NAME OF CHILD Williams Kathrine Warden

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
F	—		II	Yes	Nov. 3, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Warden	FULL MAIDEN NAME	Roxy Gregg
RESIDENCE	Whitebird	RESIDENCE	Whitebird
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Foskett

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Whitebird Idaho

Filed Dec 30 1913 Jesse L Rains per Rg 88 Registrar

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 2 1954

546-108-025-695

Form V. S. No. [illegible] 2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 18673

Primary Registration District No. 2044 Registered No. 451

FULL NAME OF CHILD Burnam Samuel Edwards

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Dec 6 (Month) 8 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Christopher C Edwards	FULL MAIDEN NAME	Mary Belle Fields
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kentucky	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~[illegible]~~)

Address Grangeville Idaho

Filed Dec 30 1913 Jesse L Rains per G.S.O. Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 27 1944

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Idaho } ss.

Certificate No. 18673

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on Dec. 6 1913 (Date of Event)
in Grangeville, Idaho. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by memory (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Burnam Samuel Edwards
date	Dec. 6, 1913	Dec. 8, 1913

Subscribed and sworn to before me this 10/25/44/25th
day of October, 1944

Mother of Burnam Samuel Edwards

Notary Public, residing at Dorothy V. Altman Grangeville, Idaho

My commission expires Nov. 1, 1946.
(Seal)

Signed Mary E. Edwards Engstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

433 No. C. St., Grangeville, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Idaho } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that She has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 26
day of October, 1944

Sister of Burnam Samuel Edwards

Notary Public, residing at Dorothy V. Altman Grangeville, Idaho

My commission expires 11/1/46
(Seal)

Signed Rozella Edwards Latham
(Signature of Any Credible Person Other Than Previous Year)

722 N C St. Grangeville, Ida
(Street Address, City, State)

OCT 30 1944

01 035-559

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

OF IDAHO

of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No 3014 16th St.

Registration District No 9K

File No. 18674

Primary Registration District No. 1009

Registered No. 60

Hospital Res

FULL NAME OF CHILD Walter R. White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Dec 1 1913

	FATHER	MOTHER
FULL NAME	J. E. White	Bertha Verzani
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	23 (Years)	18 (Years)
BIRTHPLACE	Idaho	Neb
OCCUPATION	Common Laborer	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Elizabeth Robins

Midwife (Physician or Midwife)

Address 16th St Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 10 19 14 L. J. Perkins Registrar

SYMS - YORK CO., PTRS. & SORS. 17826

[redacted]

[redacted]

AUG 25 1964

249[redacted]035-318

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 817, 14th St.

Hospital

Registration District No. 96 File No. 18675

Primary Registration District No. 1009 Registered No. 61

FULL NAME OF CHILD Deane Mark Smith

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Male	—		—	Yes	Dec. 3, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Mark Smith	FULL MAIDEN NAME	Ida M. Taylor
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Lewiston Ida

Filed Jan. 10 1914 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN [redacted]ED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 29 1954

NOV 26 1954

314-217-035-693

Form [illegible] C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 316 4th Ave

Hospital

Registration District No. 9C

File No. 18676

Primary Registration District No. 1009

Registered No. 62

FULL NAME OF CHILD Lambdin Annette Louise

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	Single	4	yes	Dec. 17th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm T. Lambdin	FULL MAIDEN NAME	Ruth Wilkerson
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ohio.	BIRTHPLACE	Ore.
OCCUPATION	Bank Teller	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Sansing

Physician (Physician or midwife)

Given names added from a supplemental report.

..... 19....

..... Registrar

Address Lewiston

Filed 1-10 1914 L. J. Perkins Registrar

S-Y CO. 24655

JUL 30 1968

363-219-035-251

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 540, Park St.

Hospital

Registration District No. 96 File No. 18677

Primary Registration District No. 1009 Registered No. 63

FULL NAME OF CHILD ~~Irene Collins~~ NANCY IRENE COLLINS

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
Female	One (To be answered only in event of plural births)	6	Yes	Dec 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie F. Collins	FULL MAIDEN NAME	Nancy I Snavley ~~Rena Snavley~~
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Penn	BIRTHPLACE	Neb
OCCUPATION	Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth..... Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Lewiston Idaho

Filed 1-10- 1914 L. J. Perkins

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1968

19677 363809

ited States — (Be sure the information is as of date of birth of THIS child) — State File No.
partment of Commerce — **CERTIFICATE OF BIRTH** — Local Reg. No.
reau of the Census — JAN 8 1943 — STATE OF IDAHO — Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No. Home
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 33 years 0 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No. No
(e) How long has **MOTHER** lived in Idaho? 33 yrs
3. RESIDENCE OF FATHER (city, state) Idaho.

FULL NAME OF CHILD NANCY IRENE COLLINS
5. Date of Birth of Child (Month, day, year) 12-19-31
Sex Female 7. Twin or Triplet No If so—born 1st, 2nd, 3rd 1st. 8. No. months of Pregnancy 9 9. Legitimate? Yes

FATHER OF CHILD
FULL NAME Jasper F. Collins
Color or Race White 12. Age at time of THIS birth 44 yrs.
Birthplace State of Penna.
(City or town) (State or foreign country)
Exact Occupation Contractor
Industry or Business "

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Nancy J. Snavley
17. Color or Race White 18. Age at time of THIS birth 37 yrs
19. Birthplace State of Neb.
(City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business "

Name prophylactic used to prevent Ophthalmia Neonatorum None
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the dat
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by ..... , who i
(First name) (Last name)
related to this child as .....
(Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date

te of Idaho
inty of Nez Perce } ss.

AFFIDAVIT to be completed when the attendant does not sig in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name appear
(Mother, etc.)
Item 4, above, that I am now 66 years of age, that I have known this person for 29 years, and tha
Morris, who attended this birth Dead I further state tha
(First name) (Last name) (Is now deceased) or (Cannot be located)
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde
apter 139, 1937 Session Laws.

Nancy J. Collins Signatur
Lewiston, Ida. P. O. Addres

Subscribed and sworn to before me this 6th day of Jan. 19 43
(SEAL) John R. Phillips Notary Public, residing at Lewiston Ida.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

JAN 11 1943

DELAYED REGISTRATION LAW

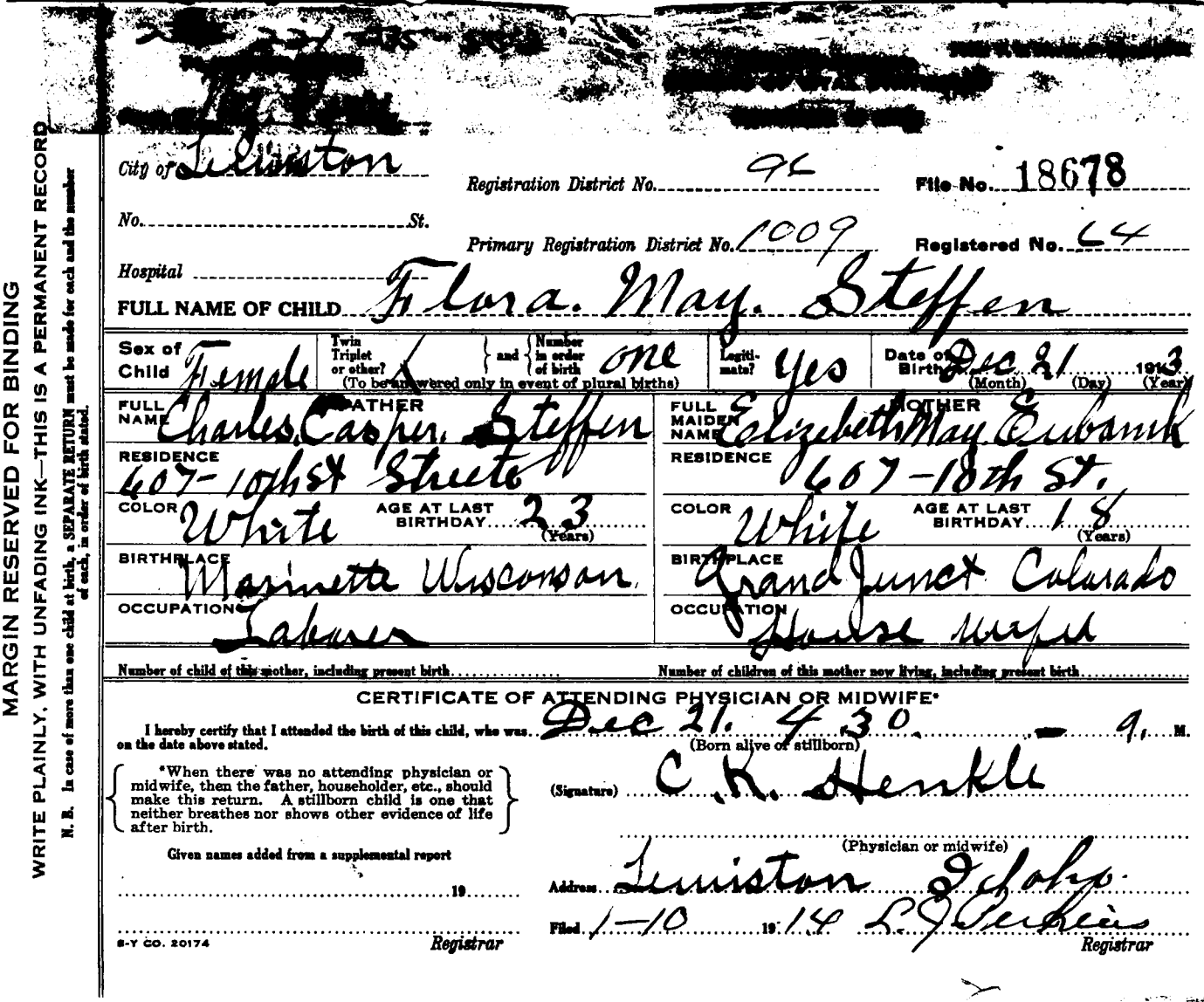
(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



City of Lewiston

Registration District No. 96

File No. 18678

No. ..... St.

Primary Registration District No. 1009

Registered No. 64

Hospital .....

FULL NAME OF CHILD Flora. May. Steffen

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	X	one	Yes	Dec 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Casper Steffen	FULL MAIDEN NAME	Elizabeth May Eubank
RESIDENCE	607-10th St Streets	RESIDENCE	607-10th St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Marinette Wisconsan	BIRTHPLACE	Grand Junct Colorado
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Dec 21. 4 30. — 9. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. K. Henkle

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Lewiston Idaho

Filed 1-10 1914 L. J. Perkins

Registrar

Registrar

S-Y CO. 20174

SEP 13 1979

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Nez Perce

City of Lewiston

No. 222, Prospect Ave. St.

Hospital No

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9x

File No. 18679

Primary Registration District No. 1009

Registered No. 65

FULL NAME OF CHILD Crapo Johnson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Dec 23, 1913

FATHER		MOTHER	
FULL NAME	S Y Johnson	FULL MAIDEN NAME	Ruth R Crapo
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Troy Penn	BIRTHPLACE	Burlington Iowa
OCCUPATION	Banking	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F P Howard M D

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Lewiston Ida

Filed 1-10 1914 - L J Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DEC 27 1941

897-231-035-968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 712, 3rd St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 96 File No. 18682

Primary Registration District No. 1009 Registered No. 68

FULL NAME OF CHILD Dorothy Marie Higby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Dec 31st 1913

FATHER		MOTHER	
FULL NAME	Joseph Walter Higby	FULL MAIDEN NAME	Jennie Goheen
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Glenwood Iowa
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D

(Physician or Midwife)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-10 1914 L.A. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

FEB 21 1974

813 [redacted] 008-552

[redacted] BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boise

City of Roseberry

No. ..... St.

Hospital .....

Registration District No. 15

File No. 18683

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD Arthur Allen Hall

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 30 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W. Fred Hall	FULL MAIDEN NAME	Ida Mae Nebs
RESIDENCE	Arlington Ida.	RESIDENCE	Arlington
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Round Valley Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Hall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Vanwyck Idaho

Filed Dec. 16 1913 F. W. Compton Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

643-12 [redacted] 863

PLACE

County of [redacted]er

City of Sandpoint

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 18684

Primary Registration District No. 2153 Registered No. 432

FULL NAME OF CHILD WILLIAM FULLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 28 1913

FATHER	MOTHER
FULL NAME Wm Fuller	FULL MAIDEN NAME Nellie Hollain
RESIDENCE Sandpoint Ida	RESIDENCE Sandpoint Ida
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Idaho
OCCUPATION R.R Operator	OCCUPATION Housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

Filed Dec 28 1913 M McKinnon

..... Registrar

E-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

395-120-009-495

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bonner

City of Hope Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 78 File No. 18685

Primary Registration District No. 2155 Registered No. 431

FULL NAME OF CHILD Ralph Edwin Lindsley

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	12 (Month) 20 (Day) 1913 (Year)

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
Leemon	Lindsley	Edna Muntz	
RESIDENCE	East Hope	RESIDENCE	East Hope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas S Moody

MD

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Hope Ida

Filed Dec 27 1913 M McKinnon

Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 25 1948

569-116-009-469

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint Ida

Registration District No. 78 File No. 18686

No. ..... St.

Primary Registration District No. 2155 Registered No. 490

Hospital .....

FULL NAME OF CHILD ROLAN JAMES EWING

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Dec 16, 1913

FATHER		MOTHER	
FULL NAME	C. J. Ewing	FULL MAIDEN NAME	Rose Moreby
RESIDENCE	Sandpoint Ida	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Virginia	BIRTHPLACE	Minn
OCCUPATION	Dealer in Cedar & Shingles	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 20 1913 M McKinnon

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 18686

Date Filed Feb. 28, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Rolan James Ewing (NAME ON ORIGINAL CERTIFICATE) who Was Born (WAS BORN OR DIED) on Dec. 16, 1913 (DATE OF EVENT)
in Sandpoint Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Dec. 16, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Rolan James Ewing
Born Dec. 16, 1913	At Birth unnamed	Rolan James Ewing
Named Rolan James Ewing		Born Dec. 16, 1913

Subscribed and sworn to before me this 28 day of Feb 1942

Mary M Stout

Notary Public, residing at Kellogg

My commission expires July 31 1943

(SEAL)

Signed Mrs. C. F. Ewing mother

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

206 E. Cameron Kellogg, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of Feb 1942

Mary M Stout

Notary Public, residing at Kellogg

My commission expires July 31 - 1943

(SEAL)

Signed C. F. Ewing father

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

206 E. Cameron Kellogg, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JAN 19 1966

1942]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bonner

City of Sandpoint

No. Lake St.

Hospital

Registration District No. 78

Primary Registration District No. 2155

File No. 18687

Registered No. 429

FULL NAME OF CHILD EDWARD H. YOUNG

Sex of Child Male	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? Yes	Date of Birth Dec. 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Lee H Young	FULL MAIDEN NAME	Blanch Bennett
RESIDENCE	Spokane Wash	RESIDENCE	Spokane Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Chemist	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 10-30 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician

(Physician or midwife)

Given names added from a supplemental report

19

Address Sandpoint Ida

Filed Dec 20 1913 M McKinnon

Registrar

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of .....
County of ..... } ss. [illegible]

Certificate No. 18687

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Young	Edward H. Young

Subscribed and sworn to before me this 30th day of January, 19 42.

C. L. Green
County Judge
Notary Public, residing at Bend, Oregon.

My commission expires .....
(SEAL)

Signed E. H. Young
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of January, 19 42.

C. L. Green
County Judge
Notary Public, residing at Bend, Oregon.

My commission expires .....
(SEAL)

Signed R. L. Hamby
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 2 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 4 1942

JUL 24 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Sandpoint — Registration District No. 78 — File No. 18688

No. ..... St. — Primary Registration District No. 2155 — Registered No. 428

Hospital .....

FULL NAME OF CHILD Cleo Berniece Pickett

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 10 1913

FATHER		MOTHER	
FULL NAME	Roy Pickett	FULL MAIDEN NAME	Cleo Patrick
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White — AGE AT LAST BIRTHDAY 25 (Years)	COLOR	White — AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	W. Virginia
OCCUPATION	Delivery man - Grocery	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 11 1913 M McKinnon

Registrar — Registrar

S-Y CO. 20174

Form V. S. No. 10-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUN 12 1944

789-104
028-351

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Koote[redacted]

City of St Maries

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18689

Primary Registration District No. 2049 Registered No. 574

FULL NAME OF CHILD Edgar ~~Lindsay~~ Phillips

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Dec 4 1913

FATHER		MOTHER	
FULL NAME	Edgar Hendrix Phillips	FULL MAIDEN NAME	Hazel Leaf
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W AGE AT LAST BIRTHDAY 23 (Years)	COLOR	W AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Colorado
OCCUPATION	Mill employee	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries Idaho.

Filed 1/10 1914 D. D. Drennan Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

OCT 2 5 1976

433-212-028-897

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18690

Primary Registration District No. 2049 Registered No. 579

FULL NAME OF CHILD Sarah Catherine McCarter

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec (Month) 12 (Day) 1913 (Year)

	FATHER		MOTHER
FULL NAME	Wm McCarter	FULL MAIDEN NAME	Eliza ~~Ella~~ Higgins
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Toronto Can	BIRTHPLACE	Missouri
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries Ida

Filed 1/10 1914 D D Drennan

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 29 1974

Form V. S. No. 11-C—20m-2-15-12

STICS

231-205-028-364

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. R.F.D. St.

Registration District No. 14 File No. 18691

Primary Registration District No. 2051 Registered No. 575

Hospital

FULL NAME OF CHILD Helma Lucille Staples

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	2		2	yes	Dec 7 1913

FATHER		MOTHER	
FULL NAME	W. C. Staples	FULL MAIDEN NAME	Eugina Tourtelotte
RESIDENCE	Post Falls R.F.D.	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Brennan M.D.

(Physician or midwife)

Address Pastime

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/10 1914 L. D. Brennan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JAN 19 1943

SEP 28 1944

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

239-206-028-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootani

City of Athol

No. ..... *St.*

Hospital .....

Registration District No. 12 **File No.** 18693

Primary Registration District No. 2051 **Registered No.** 578

FULL NAME OF CHILD Labella Lily Streeter

Sex of Child F	**Twin Triplet or other?** and **Number in order of birth** (To be answered only in event of plural births)	**Legitimate?** yes	**Date of Birth** Dec 6 1913 (Month) (Day) (Year)

FATHER		**MOTHER**	
FULL NAME	J B Streeter	**FULL MAIDEN NAME**	Anna Badney
RESIDENCE	Athol	**RESIDENCE**	Athol
COLOR	W **AGE AT LAST BIRTHDAY** 42 (Years)	**COLOR**	W **AGE AT LAST BIRTHDAY** 29 (Years)
BIRTHPLACE	Farm Iowa	**BIRTHPLACE**	~~Houses~~ Min.
OCCUPATION	Farm	**OCCUPATION**	H W

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan M D

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 1/10 1914 D D Drennan

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

662-213-028-291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 18694

No. ..... St.

Primary Registration District No. 2051 Registered No. 580

Hospital .....

FULL NAME OF CHILD Florence Virginia Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Dec 13 1913

FATHER		MOTHER	
FULL NAME	Clarence Foster	FULL MAIDEN NAME	Pearl Gratton
RESIDENCE	Post Falls RFD	RESIDENCE	"
COLOR	W	AGE AT LAST BIRTHDAY (Years)	47
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ore	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:19 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Freeman

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

Filed Jan 19 14 D D Freeman

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-20-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

NOV 18 1941

PLACE OF BIRTH

893-214-028-245

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18695

County of Kootenai

City of Post Falls R.F.D

Registration District No. 12 File No.

No. St.

Primary Registration District No. 2051 Registered No. 581

Hospital

FULL NAME OF CHILD Nancy Louise Hite

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Dec 14 1913

FATHER		MOTHER	
FULL NAME	Wm Hite	FULL MAIDEN NAME	Laura Smith
RESIDENCE	Post Falls R.F.D	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Wis
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Brennan

(Physician or midwife)

Address Post Falls

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1/10 1914 D. D. Brennan
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

435-218-028-814

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Belmont

No. ..... St.

Hospital .....

Registration District No. 12 File No. 18696

Primary Registration District No. 2051 Registered No. 582

FULL NAME OF CHILD Marie Ettine McVary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Dec 18 1913

FATHER		MOTHER	
FULL NAME	Thos - McVary	FULL MAIDEN NAME	Elorna Hammond
RESIDENCE	Belmont	RESIDENCE	Belmont
COLOR	W AGE AT LAST BIRTHDAY 42 (Years)	COLOR	W AGE AT LAST BIRTHDAY 44 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Mo
OCCUPATION	Saw Engineer	OCCUPATION	Hw

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdenn

Filed 1/10 1914 D D Drennan Registrar

..... Registrar

S-Y CO. 20174

MAY 3 1962

916 - 125 - 028 - 443

Form V. S. No. 11-C—20m-6-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boat

City of Athol

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18697

Primary Registration District No. 2051 Registered No. 583

FULL NAME OF CHILD Thos. Maltby Rawlings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Dec 25 1914

FATHER		MOTHER	
FULL NAME	Milton Rawlings	FULL MAIDEN NAME	Lucinda Maltby
RESIDENCE	Athol	RESIDENCE	Athol
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Neb.	BIRTHPLACE	Mass
OCCUPATION	Store Keeper	OCCUPATION	Hse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Drennan

(Physician or midwife)

Address Athol

Given names added from a supplemental report

..... 19.....

Filed Jan 6 1915 L. D. Drennan

Registrar

S-Y CO. 20174

Registrar

645-115-028-391

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18698

Primary Registration District No. 2051 Registered No. 584

FULL NAME OF CHILD Vernon Edgar Feely

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Dec 15 1913

FATHER		MOTHER	
FULL NAME	Corbin Feely	FULL MAIDEN NAME	Baby Travis
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	~~Idaho~~ Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Hse

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 6 a.m. on the date above stated.
(Born alive or stillborn)

(Signature) D D Brennan

(Physician or midwife)

Address Rathdrum

Filed 1/10 1914 D D Brennan
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF LOUISIANA
BUREAU OF VITAL STATISTICS

453-215-028-652

Amended 6-17-81

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital

Registration District No. 12

File No. 18699

Primary Registration District No. 2057

Registered No. 585

FULL NAME OF CHILD Helen Leona DeChenne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Dec 15 1913

FATHER		MOTHER	
FULL NAME	Leslie DeChenne	FULL MAIDEN NAME	Flo Webster
RESIDENCE	Raymond	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Del.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Nurse

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 1/10 19 14 D D Drennan Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NOV 3 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. Rec'd 7-22-81 Certificate No. 18699

County of ..... } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Marie DeChayne (Name on Original Certificate) who was born (Was Born or Died) on Dec 15, 1913 (Date of Event)

in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Marie DeChayne	Helen Leona DeChenne
father's name	Lester DeChayne	Leslie DeChenne

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of July, 1981

B. B. Brayberry

Notary Public, residing at Grand Coulee, Wa

My commission expires 10 15 83

(Seal)

Signed Kenneth Victor DeChenne

(Signature of Any Credible Person)

Box 524 - Grand Coulee, Wa 99133

(Street Address, City, State)

FORM DH 60-155 CL 11/3/75

Credit ...

Cert. of Marriage dated July 13th 1932 gives Helen Leona DeChenne married to Hildreth P Lewis State of Washington . Viewed by V.S.

AUG 17 1981

Cert of Birth from Oregon State Reg. # 112 of Muriel Ann Lewis born 10-6-33 gives mothers name as Helen L. DeChenne. Viewed by V.S.
Age 19.

Cert of Ownership from Valley View Memorial Park dated 4-29-66 gives Leslie S and Ilo Delight DeChenne as parents names. Viewed by V.S.

Cert of Birth for Unnamed child born 12-17-10 Record # 463 born to Ilo Webster and fathers first name Leslie DeChenne. State of Washin gton. Viewed by V.S.

Statement Regarding family Record from Kenneth Victor DeChenne born 12-17-10 gives sisters name as Helen Leona DeChenne born 12- -13 to Leslie S DeChenne and Ilo Delight Webster. Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Rathdrum

Registration District No. 12

File No. 18700

No. ..... St.

Primary Registration District No. 2051

Registered No. 586

Hospital .....

FULL NAME OF CHILD Raffaella Scarcello

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		Yes	Dec 29 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Francesco Scarcello	FULL MAIDEN NAME	Angelina Deluca
RESIDENCE	Rathdrum	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Farmer	OCCUPATION	Hsr

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:29 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Drennan MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum

Filed 1/10 1914 D D Drennan

Registrar

Registrar

S-Y CO. 20174

DEC 11 1963

982-227-028-215

Form V. S. No. 11-C—20m-6-1[illegible]

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18701

Primary Registration District No. 2051 Registered No. 587

FULL NAME OF CHILD Anna Marie Ryser

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
female		Yes	Dec 27 1913

FATHER		MOTHER	
FULL NAME	Christian Ryser	FULL MAIDEN NAME	Marie M. Baeche
RESIDENCE	Rathdrum R F D #1	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Swiss	BIRTHPLACE	Swiss
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rathdrum, Ida.

Filed 1/10 1914 D D Driemann Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLA[illegible]ING INK—THIS IS A PERMANENT RECORD

N. B. In ca[illegible], a SEPARATE RETURN must be made for each and the number [illegible], in order of birth stated.

Certified Copy issued Dec. 18, 1940. E.W.

819-205-028-339

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 18703

Primary Registration District No. 2049 Registered No. 571

FULL NAME OF CHILD Helen Catherine Harrigan

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Sept (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas. E. Harrigan	FULL MAIDEN NAME	Edith Cliff
RESIDENCE	St Maries Ida	RESIDENCE	St Maries Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Wisconsin	BIRTHPLACE	North Dakota
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries Idaho

Filed 1/10 1914 D. D. Freeman Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 22 1969

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

759-205-028-766

Form V. S. No. 11-O—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18704

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Dell Frances Person

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Nov 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chas A Person	FULL MAIDEN NAME	Vira Powers
RESIDENCE	St Maries	RESIDENCE	St Maries
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minnesota	BIRTHPLACE	Michigan
OCCUPATION	Millright	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Cornwall

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries

Filed Nov 19 13 [illegible]

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-2191028-161

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

18705

County of Kootenai

City of St Maries

No. #, St.

Hospital #

Registration District No. 12 File No.

Primary Registration District No. 2049 Registered No. 573

FULL NAME OF CHILD Hazel Emily Harding

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Female	—		—	yes	Nov 19th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Dan Harding	FULL MAIDEN NAME	Clara Jojade
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wausau Wis	BIRTHPLACE	Wausau Wis
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D E Cornwall

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19.....

Address St Maries Idaho

Filed 1/10 1914 D D Spencer

Registrar Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 31 1970

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form U.S. No. 11-C—10m-7-51

366-112-028-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. #, St.

Hospital #

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18706

Registration District No. 12 File No.

Primary Registration District No. 2049 Registered No. 572

FULL NAME OF CHILD Randell Toohey

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Nov 12 1913

FATHER		MOTHER	
FULL NAME	Wm. Toohey	FULL MAIDEN NAME	Ida Boley
RESIDENCE	St Maries Idaho	RESIDENCE	St Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Vermont	BIRTHPLACE	Minnesota
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Cornwall

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address St Maries Idaho

Filed 1/10 1914 S. D. Drummond

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Registrar

156-120-025-944

PLACE OF BIRTH
Idaho

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18707

City of Grangeville

Registration District No. 10

File No.

No. R 7 D #1 St.

Primary Registration District No. 2044

Registered No. 449

Hospital

FULL NAME OF CHILD Carl Jefferson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Nov 20 1913

FATHER		MOTHER	
FULL NAME	Andrew C Dahl	FULL MAIDEN NAME	Phelista May Zumwalt
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Norway	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Given names added from a supplemental report

19

Address Grangeville Idaho

Filed Dec 9 1913 Jesse L Rains Registrar per G.S.S.

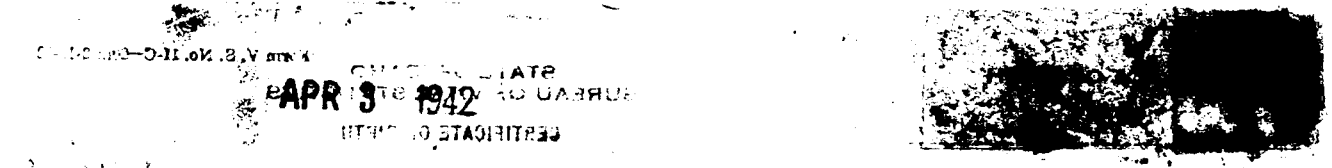
Registrar

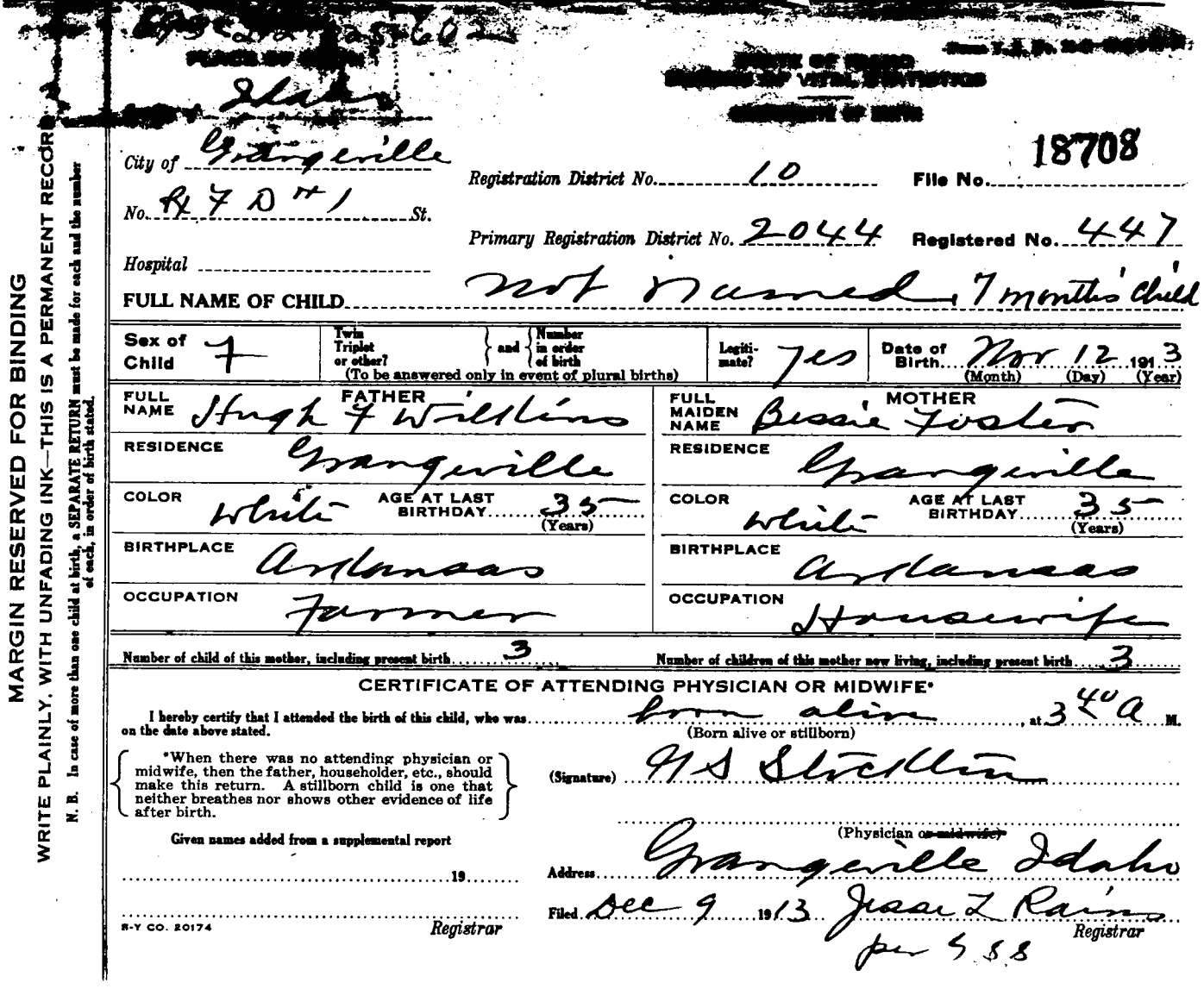
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[illegible]

PLACE OF BIRTH

Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Grangeville

No. R F D #1 St.

Hospital

Registration District No. 10 File No. 18708

Primary Registration District No. 2044 Registered No. 447

FULL NAME OF CHILD Not Named, 7 months' child

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Nov 12 1913

FATHER		MOTHER	
FULL NAME	Hugh F Wilkins	FULL MAIDEN NAME	Bessie Foster
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N S Stockton

(Physician ~~or midwife~~)

Given names added from a supplemental report

19

Address Grangeville Idaho

Filed Dec 9 1913 Jesse L Rains Registrar

per S S S

Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

643-115025-132

Form V. S. No. 19-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

Registration District No. 10 File No. 18709

Primary Registration District No. 2044 Registered No. 448

FULL NAME OF CHILD Roy. Mason. Fuller

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Boy		Yes	Nov (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Carl Fuller	FULL MAIDEN NAME	Murl Atkison
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Hindman

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mt Idaho Idaho

Filed Dec 9 1913 J. S. McRains Registrar

per G.S.S.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

• PLACE OF BIRTH

JUN 5 1943

AUG 8 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 622-112-029-212

Form V. S. No. 11-C—25m-1-1-13

[redacted]E OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Deary

Registration District No. 2147 2147

File No. 18710

No. ..... St.

Primary Registration District No. 67 67

Registered No.

Hospital

FULL NAME OF CHILD Estell Kenneth Osborn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Nov. 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles J. Osborn	FULL MAIDEN NAME	Vinnie Baker
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Minnesota
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles J. Osborn

father
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Deary

Filed 11/13 1913 R. E. Faust
Registrar

Registrar

S-Y CO. 24655

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 2 1951

MAY 1 2 1962

[redacted]

965-121-029-753

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2147 File No. 18711

Primary Registration District No. 67 Registered No. .....

FULL NAME OF CHILD LUTHER AUSTIN RONHOLT

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M.	✓		✓	Yes	Nov 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Austin O. Ronholt	FULL MAIDEN NAME	Lena Peterson
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 13 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 A M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Austin Ronholt

father
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Avon

Filed 11/29 1913 R. C. Faust
Registrar

Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington
County of Skagit } ss.

Certificate No. 18711

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Clinton Virgil Ronholt (Name on Original Certificate) who was born (Was Born or Died) on Nov 21, 1913 (Date of Event)
in Avon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Clinton Virgil	Luther Austin Ronholt

Subscribed and sworn to before me this 1st
day of October 19 43

James B Smith
Notary Public, residing at Mount Vernon
My commission expires March 11, 1944
(Seal)

Signed Lena Ronholt
(Signature of parent ~~or attendant if correcting~~ a birth record; of attendant, ~~funeral director~~, informant if correcting a death record; or other credible person.) Mother

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Skagit } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of October 19 43

Gavina Gould
Notary Public, residing at Mount Vernon.
My commission expires March 11, 1944.
(Seal)

Signed Esther E Larsen
(Signature of Any Credible Person Other Than Previous Year)

Rt 1 Mt. Vernon
(Street Address, City, State) Wash

OCT 7 1943

JAN 8 1974

OCT 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Burley

No. ..... St.

Hospital .....

Registration District No. 117

Primary Registration District No. 2196

File No. 18712

Registered No. 53

FULL NAME OF CHILD Leta E. Funk

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
M		yes	12 (Month) – 25 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	R. E. Funk	FULL MAIDEN NAME	Clara Radil
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (born alive or stillborn) at 8 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. T. Story M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed 12-25 1913 R. T. Story Dept

Registrar

Registrar

S-Y CO. 20174

K

[redacted]

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 29 2 16 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18712

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Funk (female) (Name on Original Certificate) who was born (Was Born or Died) on Dec 25, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Leta E. Funk

Subscribed and sworn to before me this 26th day of Sept, 19 75.

Notary Public, residing at Burley Idaho
My commission expires 7/10/78
(Seal)

Signed Emma E. Miller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2038 Burton Ave Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of Sept, 19 75.

Notary Public, residing at Burley Idaho
My commission expires 7/10/78
(Seal)

Signed Eugene M. Funk
(Signature of Any Credible Person)

1921 Schodeat Burley Idaho
(Street Address, City, State)

FORM DH 60-155

CL 9/15/75 nm

insurance policy from Metropolitan Life Ins. Co. gives name as Leta E. Howard.. Policy No. 540 581 753. dated May 1954. viewed by V. S.

Photo-copy of Family Bible record gives name as Leta Funk born Dec. 25, 1913. viewed by V. S.

OCT 3 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-116-016-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 18713

Primary Registration District No. 2196 Registered No. 50

FULL NAME OF CHILD .....

Sex of Child: Boy	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate? no	Date of Birth: Dec (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	M. P. Bartlett	FULL MAIDEN NAME	Allie Tillsworth
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Farmer	OCCUPATION	—

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Hilda Shallman

Midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Idaho

Filed Dec 24" 1913 R. T. Story - Dept. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETU[redacted] of each, in order of birth a[redacted]

753-211-016-577

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

of Cassia

Burley

Idaho St.

al

Registration District No. _____ File No. 18714

Primary Registration District No. _____ Registered No. _____

NAME OF CHILD Norma Adell Peterson

[redacted] Female	Twin, Triplet or other? one and Number in order of birth 5 (To be answered only in event of plural births)	Legitimate? Yes	Date of birth Dec. 11 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Olif Peterson	FULL MAIDEN NAME	Altha B Egglestrom
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Colorado
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 5 Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was December 11 at 7 o'clock 5 P.M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen A Hiatt

Burley Idaho (Physician or Midwife)

Given names added from a supplemental report

_____, 19__

Address Burley Idaho

Filed Dec 13 1913 R. T. Story Dept Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

NOV 24 1954

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

609-8 WM 16-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 117

File No. 18715

No. ..... St.

Primary Registration District No. .....

Registered No. 54

Hospital Residence

FULL NAME OF CHILD Roberta Warnke

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	Yes	Nov 1 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Frederick Emerson Warnke	FULL MAIDEN NAME	Georgia Mack
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Chillicothe Mo. Mousina	BIRTHPLACE	Michigan City Ind.
OCCUPATION	Merchant	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Idaho

Filed Jan 7 1914 R. T. Story Dept Registrar

Registrar

8-Y CO. 20174

K

JUN 21 1972

614-109-016-213

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital Residence

Registration District No. 117

Primary Registration District No. 2196

File No. 18716

Registered No. 55

FULL NAME OF CHILD EUAN Charles Wadsworth

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		5	yes	Nov 9 1913

FATHER		MOTHER	
FULL NAME	Charles L Wadsworth	FULL MAIDEN NAME	Alice Bates
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ogden	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	Home work

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. M. Miller

Physician

(Physician or midwife)

Address Burley Idaho

Filed Jan 7 1914 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO APR 16 194[illegible]

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 18716

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Charles Wadsworth	Charles Euan Wadsworth

Subscribed and sworn to before me this ..... day of ..... 19[illegible]

Notary Public, residing at .....

My commission expires ..... (Seal)

Signed ..... (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ..... 19[illegible]

Notary Public, residing at .....

My commission expires ..... (Seal)

Signed ..... (Signature of Any Credible Person)

..... (Street Address, City, State)

APR 18 1945

264-411016219

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

~~V.S.~~ No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 18717

Primary Registration District No. 2196 Registered No. 56

FULL NAME OF CHILD ~~Bertha~~ ~~IIA~~ B. Bodily

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	5	yes	Nov (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Bodily	FULL MAIDEN NAME	Annie Barton
RESIDENCE	Burley	RESIDENCE	Burley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Kaysville Utah	BIRTHPLACE	Kays Ville Utah
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jm Minter

Physician (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 7 1914 R. T. Story Dept Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Weber } ss.

Certificate No. 18717

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bertha Bodily (Name on Original Certificate) who born (Was Born or Died) on Nov. 11, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	~~Unnamed~~ Bertha	Ila B. Bodily

Subscribed and sworn to before me this 6th
day of August, 19 42
Notary Public, residing at Ogden, Utah
My commission expires 2-25-44
(Seal)

Signed Annie B Bodily Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3731 Adams Ave., Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Weber } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of August, 19 42.
Notary Public, residing at Ogden, Utah
My commission expires 2-25-44
(Seal)

Signed [signature] (Signature of Any Credible Person Other Than Previous Year)

3731 Adams Ave., Ogden, Utah
(Street Address, City, State)

AUG 7 1942

AUG 10 1942

DEC 11 1975

238·213 [redacted] 791

PLACE O[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of M[redacted]

City of Heyburn

Registration District No. 117 File No. 18718

No. ..... St.

Primary Registration District No. 2196 Registered No. 57

Hospital Residence

FULL NAME OF CHILD Ruth Schoenfelt

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	Yes	Nov (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Schoenfelt	FULL MAIDEN NAME	Theresa Grasskopf
RESIDENCE	Heyburn	RESIDENCE	Burley
COLOR	AGE AT LAST BIRTHDAY 41 (Years)	COLOR	White AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Carolina Wisconsin
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Myers

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed Jan 7 1914 R. T. Scory Dept Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 1942

[redacted]

OCT 6 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

718-215-0 [redacted]

PLACE OF BI[redacted]

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18719

County of Cas[redacted]

City of

No. St.

Hospital Residence

Registration District No. 117

File No. 58

Primary Registration District No. 2196

Registered No. 58

FULL NAME OF CHILD Blanch Lorrig Payton

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	3	Yes	Nov (Month) 15 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Harry Payton	FULL MAIDEN NAME	Jessie Luce
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Clarinda Iowa	BIRTHPLACE	Kearney Neb
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Address Burley Idaho

Filed Jan. 7 1914 R. T. Story Dep'y Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

655-128-016-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 18720

Primary Registration District No. 2196 Registered No. 59

FULL NAME OF CHILD Lilla Ouesstreet

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	6	yes	Nov 28 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Charles Harale Ouestreet	FULL MAIDEN NAME	Leona Canant
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	AGE AT LAST BIRTHDAY 44 (Years)	COLOR	White AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE	Pana	BIRTHPLACE	Boise
OCCUPATION	Carpenter	OCCUPATION	House Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed Jan 7 1914 R T Story Dept Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUPOT 1913-255462

OVERSTREET

236-203-016291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117 File No. 18721

Primary Registration District No. 2196 Registered No. 60

FULL NAME OF CHILD Virginia Viola Stout

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	2	Yes	Dec 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Josiah Stout	FULL MAIDEN NAME	Vallia Bell Krull
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	~~Musician~~ Ogden Utah	BIRTHPLACE	Mt Pleasant Utah
OCCUPATION	Musician	OCCUPATION	House Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Minter

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Ida

Filed Jan 7 1914 R. P. Berry Dept Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 2 0 1975

295-218-016-659

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 117 File No. 18722

Primary Registration District No. 2196 Registered No. 61

FULL NAME OF CHILD Florence Ruth King

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	Dec (Month) 18 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John King	FULL MAIDEN NAME	Francis Elizabeth Ferguson
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Roy Chester New York	BIRTHPLACE	Grand Junction Colorado
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mailer

Physician (Physician or midwife)

Address Burley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 7 1914 R. T. Story Dept. Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

APR 2 2 1974

553231.016318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital Residence

Registration District No. 117

Primary Registration District No. 2196

File No. 18723

Registered No. 62

FULL NAME OF CHILD Leota Nelson

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female	1	Yes	Dec 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Edward Nelson	FULL MAIDEN NAME	Emma Taylor
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	~~35~~ 25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Bloomington Ida	BIRTHPLACE	Bassat Ida
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Munter

Physica
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Burley Idaho

Filed Jan 7 1914 R. Leroy Depp
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-213-030-[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18724

County of Lemhi

City of Carmen P.O.

No. ..... St.

Hospital .....

Registration District No. 41 File No. .....

Primary Registration District No. 2116 Registered No. 29

FULL NAME OF CHILD Gladys Audry

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
female		yes	Dec 13 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Isaac Laird	FULL MAIDEN NAME	Jesse Webb
RESIDENCE	Imperial Valley California	RESIDENCE	Imperial Valley Calif
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	H wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F S Wright M D
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon

Filed 12-17- 1913 Helen L Smith
Registrar

Registrar

S-Y CO. 24695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-22-070-366

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—25m-1-1-13

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 18725

Primary Registration District No. 2116 Registered No. 30

FULL NAME OF CHILD Bessie Arline Andrews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Dec 22 1913

FATHER

FULL NAME Geo L Andrews

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Idaho

OCCUPATION Merchant

MOTHER

FULL MAIDEN NAME Bessie B Cooper

RESIDENCE Salmon

COLOR White AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 P M on the date above stated.

(Signature) F. S. Wrightman M D

(Physician or midwife)

Address Salmon Ida

Filed 1-8 1914 Helen L. Smith Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

..... Registrar

9-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1941

433131.030.433

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Registration District No. 41 File No. 18727

Primary Registration District No. 216 Registered No. 32

FULL NAME OF CHILD Gaylen Glen McLaughlin

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 31 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Elmer M. McLaughlin	FULL MAIDEN NAME	Emma B. McLaughlin
RESIDENCE	Salmon Ida	RESIDENCE	Salmon Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Ills	BIRTHPLACE	Kansas
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4-20 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report.

..... 19....

Address Salmon Idaho

Filed 1-8 1914 Helen L. Smith
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2/20/41 L. B.

897-115-030-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Baker

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—Rev. 6-15-12

CERTIFICATE OF BIRTH

Registration District No. 27 41 File No. 18728

Primary Registration District No. 2407 216 Registered No. 93

FULL NAME OF CHILD Oliver Carl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m.		Yes	11 15 191

FATHER

FULL NAME Carl Wm. Hyde

RESIDENCE Baker

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Idaho

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Lena Behanon

RESIDENCE Baker

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. F. Hammel M.D.

(Physician or midwife)

Address Baker Ore.

Given names added from a supplemental report

..... 19.....

Filed 1—9— 1914 Helen L. Smith Registrar

..... Registrar

S-Y CO. 20174

4/30/41 Z.J.

847 V28 030-291

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

Amended 9/7/78

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 41 File No. 18729

Primary Registration District No. 2116 Registered No. 34

FULL NAME OF CHILD John Irvin Hughes

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Nov. (Month) 28 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ivan George Hughes	FULL MAIDEN NAME	Elizabeth Krams
RESIDENCE	Ellis, Idaho	RESIDENCE	Ellis, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Repeated by Dr. C. F. Hannaer

No physician attending
(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Salmon, Idaho

Filed 1-9- 1914 Helen L. Smith
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8 27 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 27
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

SEP 7 10 01 AM '78

Certificate No. 18729

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Irvin John Hughes who was born on Dec. 28, 1913
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Salmon, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by ..... prepared on ....., are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Irvin John	John Irvin Hughes
Date of birth	Dec. 26, 1913	Nov. 28, 1913
Name of father	Jean G.	Ivan George

Subscribed and sworn to before me this 7th day of September, 19 78.

Margaret Eaves

Notary Public, residing at Boise

My commission expires Lifetime

(Seal)

Signed X John I. Hughes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 1703 Warren St. Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Sharon Marie Hughes child of John Irvin Hughes gives name of father as John Irvin Hughes born November 28, 1913 in Salmon, Idaho. Child born April 13, 1942.
Viewed by V.S.

SEP 7 1978

Family Record gives name as John Irvin Hughes born November 28, 1913 in Salmon, Idaho and age 29, at the time Victoria Frances Hughes was born.
Viewed by V.S

Own father's death certificate on file with Bureau of Vital Statistics under state file # 73=6155 gives father's name as Ivan George Hughes. Death certificate file December 1973. Father born Feb. 5, 1887. Son, John Irvin signed as Informant on father's death certificate.
Viewed by V.S

Renewal Notice from Mutual of Omaha dated 1/15/69 for Policy issued to Ivan George Hughes. viewed by V.S.

114-126-042-384

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shasta

City of Mullan

No. ....., ... St.

Hospital .....

Registration District No. 122 File No. 18730

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Jack Ray Jameson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Boy	X		X	yes	Dec 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Jameson	FULL MAIDEN NAME	Hattie Thomas
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Nova Scotia Ca
OCCUPATION	Essayer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Filed Jan 12 1914 H. C. Mowery

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

Use only BLACK INK or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to STATE BUREAU OF VITAL STATISTICS, Boise, Idaho.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. _____
Local Reg. No. _____
Reg. Dist. No. _____

1. PLACE OF BIRTH:
   (a) County Shoshone (b) City Mullan
   (c) Street address or R. F. D. No. 3rd St
   (d) Name of Hospital or Maternity Home: _____
   (e) Mother's stay BEFORE delivery:
   In Hospital or Maternity Home Home Days
   In THIS County 1 years months days

2. USUAL RESIDENCE of MOTHER (Always fill in these)
   (a) State Idaho (b) County Shoshone
   (c) City Mullan
   (d) Street address or R. F. D. No. _____
   (e) How long has MOTHER lived in Idaho? 1 yrs.
   (f) Mother's mailing address (for registration notice):
   Mullan (Street or R. F. D.) Ida (Postoffice)

3. RESIDENCE OF FATHER (city, state) Mullan Ida

4. FULL NAME OF CHILD Jack Ray Jameson

5. DATE OF BIRTH (Month, day, year) Dec 26-1913

6. Sex M

7. Twin or Triplet _____ If so—born 1st, 2nd, 3rd _____

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Ralph Jameson
11. Color or Race W
12. Age at time of THIS birth 36 yrs.
13. Birthplace Marco (City or Town) Ida (State or foreign country)
14. Exact Occupation Chemist
15. Industry or Business Mining Chemist

MOTHER OF CHILD

16. FULL MAIDEN NAME Hattie Thomas
17. Color or Race W
18. Age at time of THIS birth 24 yrs.
19. Birthplace Malaga (City or Town) N. S. Canada (State or foreign country)
20. Exact Occupation House wife
21. Industry or Business Home wife

22. Was a standard serological test for syphilis performed? Yes _____ No X Approximate date _____
23. Name prophylactic used to prevent Ophthalmia Neonatorum 10% argyrol
24. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
    (c) Born alive and now dead 0 (d) Stillborn 0

25. I HEREBY CERTIFY That I attended the birth of this child, who was born alive (born alive, stillborn) at 2 P M. on the date and at the place stated above, and that personal particulars were furnished by Ralph (First name) Jameson (Last name), who is related to this child as Father (~~Mother, etc.~~)

27. (a) _____ (Date received) (b) _____ (Registrar's signature)

28. Given name added on _____ by _____ (Registrar's signature)

26. Attendant's OWN signature F W Rolfs, M. D. (D.O., Midwife, etc.)
and address Mullan Ida Date May 19. 1945

JUN 2 1945

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, **within 10 days after the date of birth;** and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less interval than 10 days after the birth, if so required by municipal ordinances of regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of 9 mo

(b) Labor: Complications: —

Induced? no

(c) State all operations for delivery —

(d) Did baby have any:

(1) Congenital Malformation? none

Describe:

(2) Birth Injury? none

Describe:

(e) Signature of Physician:

F W Ralph MD

491-129-040-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No. ——— St.

Hospital —

Registration District No. 122 File No. 18731

Primary Registration District No. 2200 Registered No.

FULL NAME OF CHILD John ~~Sydney~~ LIVELY Drager

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
boy	X		X	yes	Dec 29 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Sydney Morcan Drager	FULL MAIDEN NAME	Elizabeth ~~Libely~~ LIVELY
RESIDENCE	Mullan Ida	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nevada	BIRTHPLACE	Ill
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

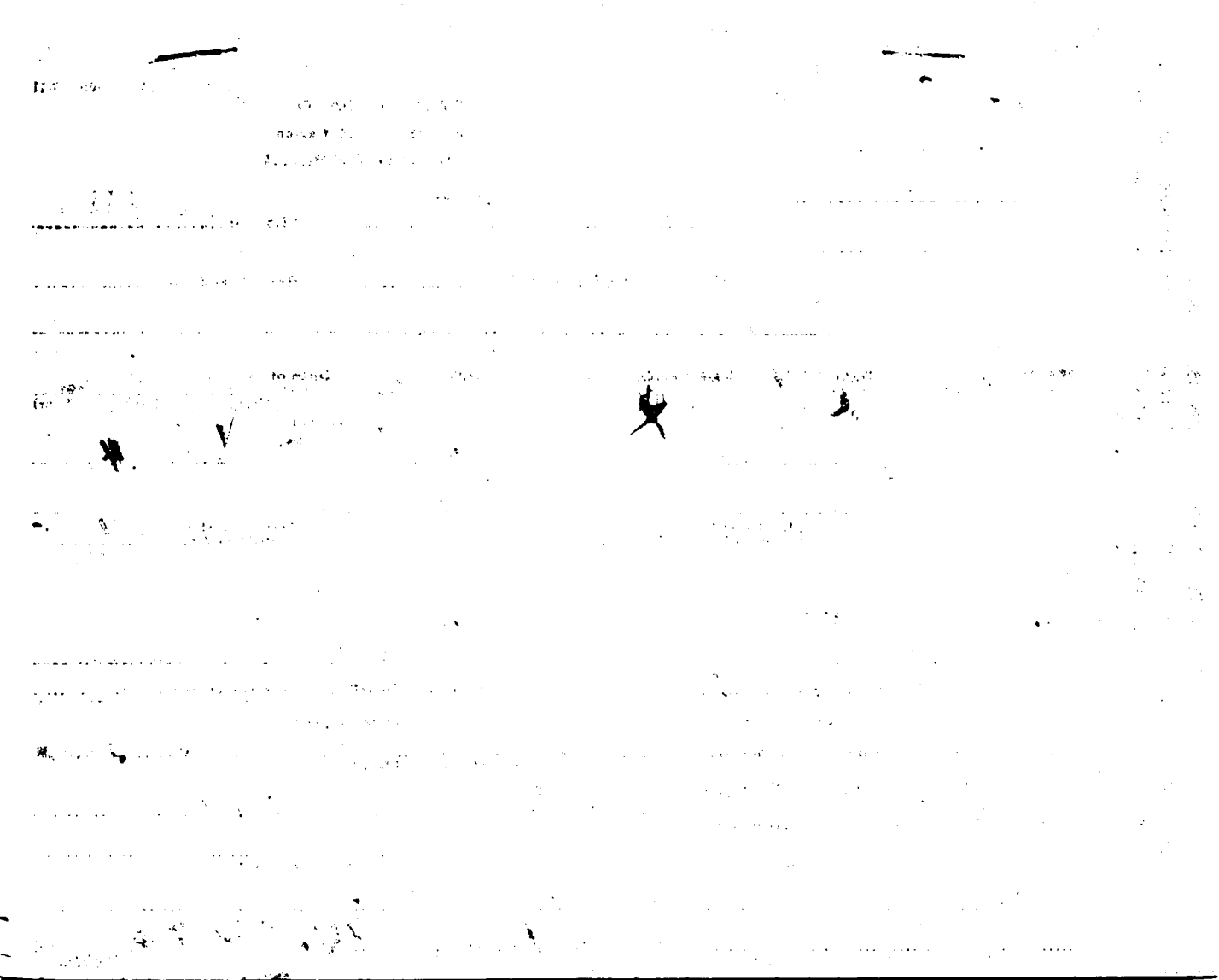
Given names added from a supplemental report

Address Mullan Ida

Filed Jan 12 1914 [illegible] Mowery

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. Certificate No. 18731

County of Blaine } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for John Lively Drager (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Dec. 29, 1913 (DATE OF EVENT)

in Mullan, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts as shown by birth certificate (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	John Sydney Drager	John Lively Drager
Mother's name	Lively	Lively

(Our record shows birthdate as Dec. 29, 1913. Date could not be Jan. 14th as you have it, because records was filed here Jan. 12th. Please give correct date.

Subscribed and sworn to before me this 9th day of ~~9th~~ March 1943

Joseph W. Field

Notary Public, residing at Hailey, Idaho

My commission expires Feb. 24, 1944

(SEAL)

Signed Sydney M. Drager

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Bellevue, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

MAR 1 1

249-213-040-434

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 122 File No. 18732

Primary Registration District No. 2200 Registered No. ____

FULL NAME OF CHILD Agnes Burke

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
girl				Yes	Dec (Month) 13 (Day) 1918 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thomas Burke	FULL MAIDEN NAME	Winifred McDonnell
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Ireland	BIRTHPLACE	Ireland
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2:15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address Mullan Ida

Filed Jan 12 1914 H. C. Mowery

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U-C—10m-7-19

STATE OF IDAHO

PLACE OF BIRTH

462-226-040-625

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18733

County of Shoshone

City of Kellogg

Registration District No. 123 File No. 26

No. ..... St.

Primary Registration District No. 1202 Registered No. .....

Hospital .....

FULL NAME OF CHILD. Charlotte Lucile Moschart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes.	Dec 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Christ Moschart	Esther Oberg.
RESIDENCE	Kellogg, Ida.	Kellogg, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Ohio	Michigan
OCCUPATION	Plumber	Home-wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken M. D.
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec 9th 1913 Geo. S. Leaker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1970

APR 20 1970

251.116.080219

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH 18734

County of Shoshone

City of Silver King P.O. Registration District No. 123 File No. 27

No. ..... St. Primary Registration District No. 2202 Registered No. .....

Hospital .....

FULL NAME OF CHILD. Robt John Beagle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes.	Dec 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur John Beagle	Anna Barnes
RESIDENCE	Silver King, Ida.	Silver King, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	34
BIRTHPLACE	New York.	Illinois
OCCUPATION	Millman	House-wife

Number of child of this mother, including present birth 2 (one still-born)

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. Chisholm M. D.
(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 7 1914 Geo. A. Leahey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-12-040-859

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 18735

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Herbert William Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	9 — 24 1913

FATHER	MOTHER
FULL NAME Wm Johnson	FULL MAIDEN NAME Beda Heikka
RESIDENCE Mullan	RESIDENCE Mullan
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Sweden	BIRTHPLACE ~~Sweden~~ Finland
OCCUPATION Miner	OCCUPATION N.W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 12/15 1913 M. J. Mowery Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

437-23-040799

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of SHOSHONE

City of MULLAN

No. ..... St.

Hospital .....

Registration District No. 122 File No. 18736

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
MALE			YES	DEC. 23, 13 191...

FATHER	MOTHER
FULL NAME: John J McGraw	FULL MAIDEN NAME: May Griffin
RESIDENCE: Mullan, Idaho	RESIDENCE: Mullan, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Ireland	BIRTHPLACE: Ireland
OCCUPATION: Hotel clerk	OCCUPATION: House wife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan, Idaho

Filed Dec 31 1913 H. C. Mowery

..... Registrar

B-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

434-208-040-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 18737

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Alice McDonald

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	2	Yes	Dec (Month) 8 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William McDonald	FULL MAIDEN NAME	Celia Walker
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Massachusetts
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2d

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physician (Physician or midwife)

Address Wallace Ida

Given names added from a supplemental report

..... 19.....

Filed 12/10 1913 H. C. Mowery Registrar

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 9 1975

JUN 2 1952

434-208-040-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18738

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Mary [redacted]onald

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	Twin	3d	yes	Dec 8 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William McDonald	FULL MAIDEN NAME	Celia Walker
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Nova Scotia	BIRTHPLACE	Massachussetts
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Physicians (Physician or midwife)

Address Wallace, Ida

Filed 12/10 1913 H. C. Mowery Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95526-040-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18739

County of Shoshone

City of Gem

No. ..... St.

Hospital .....

Registration District No. 122

Primary Registration District No. 2200

File No. .....

Registered No. .....

FULL NAME OF CHILD. Jno Iverson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	10 – 26 – 1913

FATHER		MOTHER	
FULL NAME	Truman Iverson	FULL MAIDEN NAME	Della Smith
RESIDENCE	Gem, Ida.	RESIDENCE	Gem, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Miner	OCCUPATION	Home wife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12 30 A. M. on the date above stated.
(Born alive or stillborn)

(Signature) Adolph G. Gedo, M. D.

Physician
(Physician or midwife)

Address Burke, Ida.

Filed Dec 31 19 13 H. S. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

JAN 25 1952

847

County of Shoshone

City of Burke, Registration District No. 122 File No. 18740

No. St. Primary Registration District No. 2200 Registered No.

Hospital

FULL NAME OF CHILD Phyllis Margaret Hughes.

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	11 — 5 — 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jessie V. Hughes	FULL MAIDEN NAME	Virginia Lillian Scott
RESIDENCE	Burke, Ida.	RESIDENCE	Burke, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kentucky
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph G. Gehr

Physician (Physician or midwife)

Given names added from a supplemental report

19

Address Burke Ida.

Filed Dec 15 1913 H. J. Mowery Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/22/41. w.h.

613-116-040-415

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

No. _____ St.

Hospital _____

Registration District No. 122 File No. 18741

Primary Registration District No. 2200 Registered No. _____

FULL NAME OF CHILD Henry R. Wallace

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	December 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Walter Henry Wallace	FULL MAIDEN NAME	Johanna Maria Wallace
RESIDENCE	Avery Idaho	RESIDENCE	Avery Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Blackrock Cork Ireland	BIRTHPLACE	Lisdeen Co Clare Ireland
OCCUPATION	Cashier	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

(Physician or midwife)

Given names added from a supplemental report

_____ 19__

_____ Registrar

Address Avery Idaho

Filed Dec 12 1913 H. C. Mowery Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

152-104-040813

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18742

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD EMMETT HENRY Henry Jessen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
boy	\		\	yes	Sept 4 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Henry Peter Jessen	FULL MAIDEN NAME	Francis Maud Hatfield
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	New Brasko	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 9:45 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Mullan Ida

Filed Sept 15 1913 H. Mowery Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH:

(a) County Shoshone (b) City Mullan

(c) Street Address or R.F.D. No.

(d) Name of Hospital of Maternity Home: at Home

(e) Mother's stay **BEFORE** delivery:

In Hospital or Maternity Home ..... Days

In **THIS** county 2 years months days

2. USUAL RESIDENCE of MOTHER: (Always fill in these)

(a) State Idaho (b) County Shoshone

(c) City Mullan

(d) Street Address or R.F.D. No.

(e) How long has **MOTHER** lived in Idaho? 2 yrs.

(f) Mother's mailing address (For registration notice)

(Street or R.F.D.) Mullan Ida (Postoffice)

3. RESIDENCE OF FATHER (city, state) Mullan Ida

FULL NAME OF CHILD Emmett Henry Jessen

5. DATE OF BIRTH (Month, day, year) Sept 4 1913

Sex Male

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy

9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Henry Peter Jessen

Color or Race W

12. Age at time of THIS birth 27 yrs.

Birthplace Sidney (City or Town) Nebraska (State or foreign country)

Exact Occupation Mining

Industry Business Quartz Mining

MOTHER OF CHILD

16. FULL MAIDEN NAME Maude Frances Hatfield

17. Color or Race W

18. Age at time of THIS birth 25 yrs.

19. Birthplace Wichita (City or Town) Kansas (State or foreign country)

20. Exact Occupation House Wife

21. Industry or Business —

Name prophylactic used to prevent Ophthalmia Neonatorum Argyrol 10% Sol

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was born Alive (born alive, stillborn) at P M. on the date

and at the place stated above, and that personal particulars were furnished by Maud Jessen (First name) (Last name), who is

related to this child as Mother (Mother, etc.)

NOV 10 1942

(a) ..... (Date received) (b) ..... (Registrar's signature)

Given name added on ..... by ..... (Registrar's signature)

25. Attendant's OWN signature F W Roth M.D. (D.O., Midwife, etc.)

and address Mullan Ida Date Oct 28 19

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which th as hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars by this article, with the local registrar of the district in which the birth occurred, *within* 10 *days after the date* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the chi householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public c institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of s having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and to make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less inte 10 days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter b

SEC. 38-215 CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for pose.

SEC. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any oth charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse proper certificate of birth with the local registrar, within the time required by this article, shall be deemed gu misdemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal & Child Health work)

(a) Pregnancy: Complications of .....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced? .....

.....

(c) State all operations for delivery .....

.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before

Yes..... No..... Pos..... Ne

(e) Signature of Physician:

.....

433-206-040-966 moved away where about unknown

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. —, St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 122 File No. 18743

Primary Registration District No. 2200 Registered No.

FULL NAME OF CHILD Martha McCone

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	X		X	Yes	Sept (Month) 6 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Danner McCone	FULL MAIDEN NAME	Margrett Rowland
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:06 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T W Rolfs

(Physician or Midwife)

Given names added from a supplemental report

, 19

Address Mullan Ida

Filed Dec 15 1913 H C Mowery

Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17526

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 3 1948

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 18744
Local Reg. No.
Reg. Dist. No. 122

Amended 5/22/74

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mullan
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mullan
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Sophia
b. (Middle):
c. (Last): Smith

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
girl	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Oct. 9, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Frank
b. (Middle):
c. (Last): Smith

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
40 YEARS	Russia, Poland	Laborer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Martha
b. (Middle):
c. (Last): Helenska

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
30 YEARS	Russia, Poland	4		

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Ralfs
18. ATTENDANT AT BIRTH: M.D. x MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Mullan, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Dec. 15, 1913
22. REGISTRAR'S SIGNATURE: H. C. Mowery
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

LENGTH OF PREGNANCY ____ WEEKS
WEIGHT AT BIRTH ____ LBS. ____ OZS. TIME: 3AM
RACE OR COLOR OF FATHER: W
RACE OR COLOR OF MOTHER: W
METHOD OF DELIVERY:
Was 1% Silver Nitrate Used to prevent blindness? YES ____ NO ____

BIRTH INJURY TO INFANT
____ YES IF YES, DESCRIBE
____ NO

CONGENITAL MALFORMATIONS OF INFANT
____ YES IF YES, DESCRIBE
____ NO

Use only BLACK INK or BLACK RECORD typewriter RIBBON in completing this certificate. This certificate MUST be filed with the LOCAL REGISTRAR in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAY 6 2 02 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 18744

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Mary Smith (Name on Original Certificate) who was born (Was Born or Died) on Oct. 9, 1913 (Date of Event)
in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Mary Smith	Sophia Smith

Subscribed and sworn to before me this 30th day of April, 1974.

Notary Public, residing at Butte, Montana
My commission expires Aug. 1, 1976
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of April, 1974.

Notary Public, residing at Butte, Mont.
My commission expires Aug. 1, 1976
(Seal)

Signed Anna L. Radunich
(Signature of Any Credible Person)

2019 Nevada ave.
(Street Address, City, State)
Butte Montana

FORM DH 60-155

CL 4/8/74 nm

Certificate of Baptism from St. Michael Church, Mullan, Idaho gives name as Sophia Smith child of Frank Smith and Martha Helenski born in Mullan, Idaho. Born Oct. 9, 1913 and was Baptized Nov. 16, 1913. viewed by V. S.

Office of the County Superintendent oc Schhol, Silver Bow Coutny, Montana gives a letter which gives the child's name as Sophie (Sophia) Smith from Census Records for 1914. Age Eleven months. born Oct. 9, 1913. father's name given as Frank(Frank or Joseph)Smith anf mother's name as Maitha (Martha or Marcella Smith. viewed by V. S.

296-11-040-555

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 18745

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD (Wilber Earl Brown?)

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
boy	1	1	yes	Oct (Month) 11 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Earl Brown	FULL MAIDEN NAME	Gusta Everett
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Laborer	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:15 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs

(Physician or Midwife)

Given names added from a supplemental report

....., 19....

Address Mullan Ida

Filed Dec 14 1913 H F Mowery Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

AUG 25 1967

962-211-040-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 122 File No. 18746

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Ina Ross

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
girl	\		\	yes	Oct 11 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William O Ross	FULL MAIDEN NAME	Alice Harbin
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Millman	OCCUPATION	wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Date Oct 14 1913 W. O. Moyer Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

689-208-040-712

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 122 File No. 18747

Primary Registration District No 220 Registered No. .....

FULL NAME OF CHILD Fay Leona Whitehurst

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	(To be answered only in event of plural births)			Yes	Nov 8, 1913

FATHER		MOTHER	
FULL NAME	Alfred White hurst	FULL MAIDEN NAME	Ethel Gasners
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Ill.
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 4, 1913

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

Registrar

MAY 4 1944

611-225-040-611

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18745

Registration District No. 122 File No. .....

Primary Registration District No. 2200 Registered No. .....

FULL NAME OF CHILD Vily Oja

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth
girl	\	\	yes	Oct 25 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Victor Oja	FULL MAIDEN NAME	Eva Oja
RESIDENCE	Mullan Ida	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Labour	OCCUPATION	wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Rolfs MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Mullan Ida

Filed Oct 15 1913 [illegible] Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

236-223-040-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Larson

No. —, — St.

Hospital —

Registration District No. 122 File No. 18749

Primary Registration District No. 3200 Registered No.

FULL NAME OF CHILD Anna Scott

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
Girl	X		X	Yes	Nov 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	D. R. Scott	FULL MAIDEN NAME	Annie Downs.
RESIDENCE	Larson	RESIDENCE	Larson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	compressor man	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs

Physician (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address Mullan Ida

Filed Dec 15 1913 [illegible] Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

DUP OF 1913-251440

255-101040-155

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No \, \ St.

Hospital \

Registration District No 122 File No. 18750

Primary Registration District No 2008 Registered No.

FULL NAME OF CHILD THOMAS JOHN SNELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	/	/	yes	Dec 1 1913

FATHER		MOTHER	
FULL NAME	Frederick Snell	FULL MAIDEN NAME	Mary Annear
RESIDENCE	Mullan Ida	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 6:43 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

....., 19.....

Filed Dec 10 1913 F W Ralfs Registrar

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Arizona } ss.
County of Cochise }

OCT 30 1941

Certificate No. 18750
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)

for Unnamed Snell (Name on original certificate) who was born (Was born or died) on December 1, 1913 (Date of event)

in Mullen, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Snell	Thomas John Snell

Subscribed and sworn to before me this 27th day of October, 1941

J. J. Brown
Notary Public, residing at Bisbee, Arizona
My commission expires Feb. 8, 1944
[SEAL]

Signed Frederick Snell (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

35 High Road, Bisbee, Arizona
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arizona } ss.
County of Cochise }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of Oct, 1941

Gus Haiglen
Notary Public, residing at Bisbee, Ariz.
My commission expires Jan. 16th 1941
[SEAL]

Signed X Thomas Carn Snell
(Signature of any credible person other than the previous affiant.)

General Delivery Bisbee, Ariz.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

NOV 3 1944

DEC 17 1975

953-23-2040-276

PLACE OF BIRTH

[illegible] STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Gem

No. _____ St.

Hospital —

Registration District No. 122 File No. 18751

Primary Registration District No. 2200 Registered No. _____

FULL NAME OF CHILD Edna Zellars

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	one	8	yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Hoag Zellars	FULL MAIDEN NAME	Rosa Stoltz
RESIDENCE	Gem Ida	RESIDENCE	Gem Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Illinois
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:40 P.M. on the date above stated.
(Born alive or stillborn)

(Signature) Drs. Mowery
Physicians
(Physician or midwife)

Address Wallace Idaho

Filed Dec 31 1913 H. C. Mowery
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

_____ 19__

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-1 [redacted] 0-553

PLACE [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of S[redacted]ne

City of Wallace

Registration District No. 70 File No. 18752

No. ..... St.

Primary Registration District No. 1011 Registered No. [redacted]

Hospital Providence

FULL NAME OF CHILD Raymond Oliver Walson

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	one	1st	yes	Dec 27 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Walson	FULL MAIDEN NAME	Lily Nelson
RESIDENCE	Dont Know	RESIDENCE	Mullan Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Michigan
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowrey

Physicians (Physician or midwife)

Address Wallace Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 31 1914 Leo Tumley Registrar

Registrar

R-Y CO. 20174

Certified Copy issued Jan. 17, 1941. E.W.

895-221-040-915

Form V.S. No. 11-C—20m-2-19

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 910 Residence St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 70 File No. 18753

Primary Registration District No. 1011 Registered No. 53

FULL NAME OF CHILD Ethel Hieronymus

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
F	one	4	Yes	Sep 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Reuben Hieronymus	FULL MAIDEN NAME	Edna Randall
RESIDENCE	Wallace, Ida.	RESIDENCE	Wallace, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Wisconsin
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs Mowery

Physicians (Physician or midwife)

Given names added from a supplemental report

Address Wallace, Ida.

19

Filed Dec. 31, 1913 F. Leo Tungley Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 9 1966

459-223-040-415

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace,

No. ....., ... St.

Hospital .....

Registration District No. 70 File No. 18754

Primary Registration District No. 1011 Registered No. 52

FULL NAME OF CHILD Hazel [illegible] Merritt

Sex of Child	Twin, Triplet, or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	Dec 23rd, 1913

FATHER		MOTHER	
FULL NAME	Wm J. Merritt	FULL MAIDEN NAME	Dell Davis
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	New York	BIRTHPLACE	Eugene Oregon
OCCUPATION	Conductor	OCCUPATION	—

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Dec 23rd, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Stone M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Dec. 24, 1913 F. Les Tumley
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 21 1972

251-22-7-040-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone.

City of Wallace

No. ..... Ida St.

Hospital Wallace.

Form V. S. No. 11-C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

18755

Registration District No. 7o File No. .....

Primary Registration District No. 1411 Registered No. 81

FULL NAME OF CHILD Mary Elizabeth Keating.

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate? Yes.	Date of birth: Nov. 27, 1913. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Chas A. Keating.	FULL MAIDEN NAME: Frances McDermott.
RESIDENCE: Wallace Ida.	RESIDENCE: Wallace.
COLOR: W. AGE AT LAST BIRTHDAY: 36. (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: St. George N. B.	BIRTHPLACE: Murray Ida.
OCCUPATION: Bookkeeper.	OCCUPATION: Housewife.

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born (Born alive or stillborn) at 4.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Dec. 16, 1913. F. Leo Dunphy

Registrar

BYMS - YORK CO., PTRS. & EDRS. 17826

APR 29 1954

SEP 11 1942

343.127.04063

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 1st St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 76 File No. 18756

Primary Registration District No. 1011 Registered No. 77 80

FULL NAME OF CHILD Edward Agnila Lucas

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	True	2nd	yes	Nov 27 1913

	FATHER	MOTHER
FULL NAME	John Edward Lucas	FULL MAIDEN NAME Josephine Ballinger
RESIDENCE	Wallace Ida	RESIDENCE Wallace Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE Wardner Ida
OCCUPATION	Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physicians (Physician or midwife)

Address Wallace Ida

Filed Dec. 6, 1913 F. Leo Langley Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 10-C - 20m-2-12-72

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

SEP 16 1975

314-215-040-434

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. _____ File No. 18757

No. Canyon St.

Primary Registration District No. _____ Registered No. 79

Hospital Providence

FULL NAME OF CHILD Anne Frances Cameron

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	one		1st	yes	Nov 15 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James W. Cameron	FULL MAIDEN NAME	Mary McDonald
RESIDENCE	Wallace Ida	RESIDENCE	Wallace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	~~Canada~~	BIRTHPLACE	Tekoa Wash
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Alive or stillborn) at 7 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Howery

Physician (Physician or midwife)

Address Wallace Idaho

Filed Dec. 6, 1913 F. Leo Tumfry Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

9-13-4

APR 1 1940

PLACE OF BIRTH

712-202-025-753

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Idaho

City of White

No. ____, ____ St.

Hospital ____

Registration District No. 104 File No. 18758

Primary Registration District No. 2182 Registered No. ____

FULL NAME OF CHILD Alice May Gabriel

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— and	3	yes	Dec 24 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elling Gabriel	FULL MAIDEN NAME	Bessie B Peters
RESIDENCE	Whitebird Ida	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	61 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1945 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed Dec 19 13 W A Foskett

____ Registrar

____ Registrar

SYMS - YORK CO., PTRS. & SDRS. 17226

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

PLACE OF BIRTH

997-129-025-432

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of

City of Riggins

No. , St.

Hospital

Registration District No. 104 File No. 18759

Primary Registration District No. 2182 Registered No.

FULL NAME OF CHILD Harold Kenneth Riggins

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M	—		1	Yes	Sep 21 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Riggins	FULL MAIDEN NAME	Ethel McBride
RESIDENCE	Riggins Ida	RESIDENCE	Riggins Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Given names added from a supplemental report

, 19

Address

Filed Oct 19 13 W A Foskett Jms Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 10 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of [illegible]

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 18761

Primary Registration District No. 2176 Registered No. 121

FULL NAME OF CHILD Mary Etta Pettingill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	✓		✓	yes	Oct 12 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Amos H. Pettingill	FULL MAIDEN NAME	Uta May Hancock
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oklahoma
OCCUPATION	Farmer	OCCUPATION	Dressmaker

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Idd.

Filed Jan 10 1914 Ray H. Fisher Registrar

A.M.P.

..... Registrar

S-Y CO. 20174

MAY 14 1969

MAY 20 1942

363-130 026-714

Form V. S. No. 11—10m-3-15-12

PLACE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 18763

Primary Registration District No. 2176 Registered No. 123

FULL NAME OF CHILD Milton Coles

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Dec. 30 1914 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER		MOTHER
FULL NAME	Daniel Coles	FULL MAIDEN NAME	Lilly Gauge
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy S. Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby Ida

Filed Jan. 10 1914 Roy S. Fisher Registrar

A.M.P.

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1942

238-128-026-719

Form V. S. No. 11—10m-2-15-22

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Annis

Registration District No. 98 File No. 18765

No. ..... St.

Primary Registration District No. 2176 Registered No. 125

Hospital .....

FULL NAME OF CHILD Ray Anton Schneiter

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
M	—		—	Yes	Dec 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton Schneiter	FULL MAIDEN NAME	Hazel Park
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby, Ida.

Filed Jan 10 1914 Ray H Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1946

914-216-026-319

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98 File No. 18769

Primary Registration District No. 2176 Registered No. 129

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Dec 16 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Radford	FULL MAIDEN NAME	Jennie Carpenter
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 10 1914 Ray H. Fisher, Registrar

A.M.P.

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-273-026693

Form V. S. No. 11—10m-3-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 98 File No. 18770

Primary Registration District No. 2176 Registered No. 130

FULL NAME OF CHILD Delsa Marion Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—		—	Yes	Dec 13 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Royal Hill	FULL MAIDEN NAME	Lois E. Fitt
RESIDENCE	Lorenzo	RESIDENCE	Lorenzo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 3:45 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida.

Filed Jan 10 1914 Ray H. Fisher, A.M.P. Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 27 1961

359-118-026-365

Form V. S. No. 11—10m-8-15-12

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 18771

Primary Registration District No. 2176 Registered No. 131

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	Dec 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Terrill	FULL MAIDEN NAME	Elizabeth Lovell
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida

Filed Jan 10 1914 Roy H. Fisher A.M.P. Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-[illegible]

STATE OF IDAHO
SUBSTITUTE CERTIFICATE OF BIRTH

PLACE OF BIRTH

293-220-026-942

Form V. S. No. 11—10m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98 File No. 18772

Primary Registration District No. 2176 Registered No. 132

FULL NAME OF CHILD Victoria Kite

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
✓	—	—	yes	Dec. 20 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Kite	FULL MAIDEN NAME	Bertha Russell
RESIDENCE	Rigby,	RESIDENCE	Rigby,
COLOR	W AGE AT LAST BIRTHDAY 38 (Years)	COLOR	White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE	Utah,	BIRTHPLACE	Utah,
OCCUPATION	Capitalist	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Jan. 10 1914 Ray H. Fuller, Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

386-223-626955

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Gorfield

Registration District No. 98

File No. 18773

No. ____ St.

Primary Registration District No. 2176

Registered No. 133

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	and	—	Yes	Dec 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. F. Thomas	Brazilla Rees
RESIDENCE	Gorfield	Gorfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Wales	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1.15 P. M. on the date above stated.

(Signature) Ray G. Fisher

(Physician or midwife)

Address Rigby

Filed Jan 10 1914 Ray G. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

271-224-026-122

Form V. S. No. 11—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. 18774

Primary Registration District No. 2176

Registered No. 134

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	✓	—	yes	Dec 24 1914 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Sprecher	FULL MAIDEN NAME	Hazel Askew,
RESIDENCE		RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Idaho,	BIRTHPLACE	Ida,
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Rigby

Filed Jan 10 1914

Ray H Fisher
AMP.
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-131-026455

PLACE OF BIRTH

Form V. S. No. 11—[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 98

File No. 18775

Primary Registration District No. 2176

Registered No. 135

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Geo. Taylor	FULL MAIDEN NAME	Eunice Jensen
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 1 1914 Ray H Fisher AMP. Registrar

..... Registrar

S-Y CO. 20175

356-219-026-693

Form V. S. No. 11—[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Small Ida

Registration District No. 98

File No. 18776

No. ..... St.

Primary Registration District No. 2176

Registered No. 136

Hospital .....

FULL NAME OF CHILD GLADYS LOUISE LEONARDSON

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 19 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur J. Leonardson	FULL MAIDEN NAME	Mary E. Wilson
RESIDENCE	Small	RESIDENCE	Small
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Butte Mont.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Ida Falls Ida

Filed Jan 10 1914 Roy H. Fisher Registrar

AMP.

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO } ss.
County of CLARK }

MAR 9 1942 Certificate No. 18776

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for NO NAM E LEONARDSON (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on 12/19-1913 (DATE OF EVENT)
in SMALL, IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by BIBLE RECORD (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1/15 1914 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Gladys Louise Leonardson

Subscribed and sworn to before me this 5th day of March, 1942.

Notary Public, residing at

My commission expires
(SEAL)

Signed A. J. Leonardson Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Dubois, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of CLARK }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of March, 1942.

Notary Public, residing at

My commission expires
(SEAL)

Signed Geo. W. Eckie
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 9 1942 By
(REGISTRAR'S SIGNATURE)

893-2 3 4 1026-313

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98 File No. 18777

Primary Registration District No. 2176 Registered No. 137

Hospital

FULL NAME OF CHILD ~~Bernadine~~ VERLA Hill

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	Yes	Dec 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Hill	FULL MAIDEN NAME	Delilah Later
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 14 1924 Ray H Fisher Registrar

A.M.P.

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Colusa } ss.

OCT 19 1942

Certificate No. 18777

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on Dec. 24, 1913, (Date of Event)
in Rigby, Jefferson Co. Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on Don't Know (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Bernadine	Verla Hill

Subscribed and sworn to before me this 16th
day of October, 1942.
C. V. McCormish
Notary Public, residing at Colusa, Calif.
My commission expires Sept. 30, 1943.
(Seal)

Signed Delilah E. Hill Larsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Colusa, Calif. Box 404
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

OCT 19 1942

OCT 2 1 1942

252-123-026557

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Registration District No. 98

File No. 18778

Primary Registration District No. 2176

Registered No. 138

Hospital .....

FULL NAME OF CHILD P. G. Sessions Jr.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec 23 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	P. G. Sessions	FULL MAIDEN NAME	Jennie Englebretsen
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Paxton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 10 1914 Ray H. Fisher AMP. Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11 - 1004-5-15-12

STATE OF IDAHO

PLACE OF BIRTH

693-2[illegible]4-026299

PLACE OF BIRTH

Form V.S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 98

File No. 18779

Primary Registration District No. 2176

Registered No. 139

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
F	—	—	—	yes	Dec 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arvin T. Fillmore	FULL MAIDEN NAME	May Briggs
RESIDENCE	Rigby R. D.	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida.

Filed Jan 10 1914 Roy H Fisher AMR Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form 7-B No. D - 10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

483-226-026-613

Form V.S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Lewisville

No. ..... St.

Hospital .....

Registration District No. 98 File No. 18780

Primary Registration District No. 2176 Registered No. 140

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	Sept. 26 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Orrin M. Myler	FULL MAIDEN NAME	Mary Walker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida

Filed Jan 10 1914 Ray H. Fisher Registrar

AMP

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 6 1975

155-130-026-213

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Jefferson

City of Rigby

Amended 12/3/75

Registration District No. 98

File No. 18781

No. ..... St.

Primary Registration District No. 2176

Registered No. 141

Hospital .....

FULL NAME OF CHILD Arden J. Jensen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Sept. 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Olof Jensen	FULL MAIDEN NAME	Alzina Ball
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby Ida

Filed Jan 10 1914 Roy H. Fisher, Amp, Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 1971

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
DEC 11 54 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Jefferson }

Certificate No. 18781

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Jensen (Name on Original Certificate) who was born (Was Born or Died) on Sept. 30, 1914 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Jensen	Arden J. Jensen
Birth date	Sept. 30, 1914	Sept. 30, 1913

Subscribed and sworn to before me this 2nd day of December, 19 75

Pat Anderson

Notary Public, residing at Rigby, Idaho

My commission expires 3-26-78

(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of December, 19 75

Pat Anderson

Notary Public, residing at Rigby, Idaho

My commission expires 3-26-78

(Seal)

Signed Edna Jensen Hayes
(Signature of Any Credible Person)

195 E 2nd N.
(Street Address, City, State)
Rigby Ida

FORM DH 60-155

Letter from the Church of Jesus Christ of Latter=Day Saints Rigby, Idaho dated August 15, 1975 states that their records list Arden J. Jensen as being born September 30, 1913 in Rigby, Idaho. (viewed by V.S.)

Affidavit by Uncle dated 27 August 1975 states that Arden J. Jensen was born on the 30th day of September 1913 in Rigby, Idaho. (viewed by V.S.)

Honorable Discharege from the U.S. Army gives name as Arden Jensen. dated Nov 20, 1945. viewed by V. S.

DEC 1 1975

815 114 026-213

Form V. S. No. 11—10m-3-15-12

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 18782

Primary Registration District No. 2176 Registered No. 142

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	Oct 14 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Oscar J. Hansen	FULL MAIDEN NAME	Alverda Balka
RESIDENCE	Rigby,	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Ida.

Filed Jan 10 1914 Roy H. Fisher Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

24-121-026-242

PLACE OF BIRTH

County of Jefferson

City of Rudy

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18783

Registration District No. 98 File No. .....

Primary Registration District No. 2176 Registered No. 143

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Nov 21 1913

FATHER		MOTHER	
FULL NAME	Henry Ransom	FULL MAIDEN NAME	Louise Bush
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Anderson
(Physician or midwife)

Address Rudy Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 10 19 14 Ray H. Faulkner Registrar

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SERMON

DUP OF 1913 D81-008

236-231-026-799 Jefferson

Form V. S. No. 11-C—20m-2-

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~J. A. Scott~~

City of Menan

No. ..... St.

Hospital .....

Registration District No. ~~2176~~ 98

File No. 18785

Primary Registration District No. 2176

Registered No. 145

FULL NAME OF CHILD Sarah Norma Scott

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	✓		✓	yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	J. A. Scott	FULL MAIDEN NAME	Emma Priest
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4.15 a. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Menan, Ida.

Filed Jan. 10 1914 Roy H. Fisher
Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 18785

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sarah Norma Scott (Name on Original Certificate) who was born (Was Born or Died) on 12-31-13 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by blessing certificate (Bible Record, Insurance Policy, Etc.) prepared on April 5, 1914 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	not given	Sarah Norma Scott

Subscribed and sworn to before me this 4th day of April, 1955

Notary Public, residing at Rigby, Idaho
My commission expires August 31, 1958
(Seal)

Signed Emma Scott
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 19 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of April, 19.55

Notary Public, residing at Rigby, Idaho
My commission expires
(Seal)

Signed
(Signature of Another Credible Person)

CLERK OF THE DISTRICT COURT
MINIDOKA JUDICIAL DISTRICT
By: Alta Lemmon, Dep.

DPH 52-155

APR 15 1955

495-131-026-861

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Jefferson

City of Minan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 18786

Primary Registration District No. 2176 Registered No. 146

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	✓		✓	Yes	Dec 31 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	RATHER		MOTHER
FULL NAME	Joe Dreyer	FULL MAIDEN NAME	Canie Hoag
RESIDENCE	Minan	RESIDENCE	Minan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Minan, Ida

Filed Jan 10 1914 Ralph H. Fisher Registrar

AMP.

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

_____

_____

_____

_____

295-223-026-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Jefferson

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 98 File No. 18788

Primary Registration District No. 2176 Registered No. 148

FULL NAME OF CHILD Althera B. Kinghorn

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	Yes	Dec 23 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur Kinghorn	FULL MAIDEN NAME	Mary Ballentyne
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby

Filed Jan 10 1914 Ray H. Fisher
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366202 006-249

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

[redacted] OF IDAHO

[redacted]VITAL STATISTICS

[redacted]TE OF BIRTH

18789

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. _____

Primary Registration District No. 2147 Registered No. 236

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Oct 2 1913

FATHER		MOTHER	
FULL NAME	Hyrum Cooper	FULL MAIDEN NAME	Elizabeth Smith
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Home Life

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 p M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Roberts M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-14 1914 Edwin Cutler Registrar

8-Y CO. 24655

213-219-006-452

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69

File No. 18790

Primary Registration District No. 2147

Registered No. 288

FULL NAME OF CHILD THEORA LEONA BATEMAN

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	Dec 19 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Valentine Bateman	FULL MAIDEN NAME	Sarah Despain
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 10:30 a. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. G. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

..... 19....

Address Shelley

Filed 1-14 1914 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham

Certificate No. 18790

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unnamed Bateman (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on December 19, 43. (DATE OF EVENT) in Shelley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on December 20, 1943 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Theora Leona Bateman

Subscribed and sworn to before me this 25th day of January, 19 43.

Geo. N. Falk Clerk of District Court
~~Notary Public~~, residing at Blackfoot, Idaho

My commission expires January, 11, 1947
(SEAL)

Signed Sarah Bateman
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th. day of January, 19 43.

Geo. N. Falk Clerk of District Court
~~Notary Public~~, residing at Blackfoot, Idaho.

My commission expires January 11, 1947
(SEAL)

Signed Mrs Hazel Pike
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 2 19[illegible] By
(REGISTRAR'S SIGNATURE)

FEB 4 1943

366-218 006-713

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. 18791

Primary Registration District No. 2147 Registered No. 239

FULL NAME OF CHILD Female

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Dec 18 1913

FATHER		MOTHER	
FULL NAME	J. H. Costs	FULL MAIDEN NAME	Victoria Palmer
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wash	BIRTHPLACE	Wash
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 1-14 1914 Edwin Cutler
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

213-110-006-866

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Woodville

No. _____ *St.*

Hospital _____

Registration District No. 69 **File No.** 18792

Primary Registration District No. 2147 **Registered No.** _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Feb 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. R. Balmforth	FULL MAIDEN NAME	Rachel Albertie Howard
RESIDENCE	Woodville	RESIDENCE	Woodville
COLOR	Wo	COLOR	Wo
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Born alive 12 15 PM (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. E. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address _____

Filed Dec 19 13 Edwin Curtis

_____ *Registrar* *Registrar*

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 3 0 1993

4-15-110-006-449

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 18793

Primary Registration District No. 2147 Registered No. 282

FULL NAME OF CHILD WALLACE ORVIL MANGUM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Oct 10 1913

FATHER		MOTHER	
FULL NAME	Wm Mangum	FULL MAIDEN NAME	Leona Christie
RESIDENCE	Woodruff	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. S. McCrea M.D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report.

_____ 19____

_____ Registrar

Filed 1-14 1914 Edward Cutler Registrar

B-Y CO. 24638

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 18793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Mangum (Name on Original Certificate) who was born (Was Born or Died) on Dec. 10, 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
"name"	unnamed	Wallace Orvil Mangum

Subscribed and sworn to before me this 12th
day of March, 1942

Notary Public, residing at Nampa Idaho

My commission expires Sept. 19-1942
(Seal)

Signed Earl Mangum
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1st Street No. Box 253
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 24 1942

814-110-006-814

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Bingham

City of Shelley

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 18794

Primary Registration District No. 2147 Registered No. 231

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		yes	Dec 10 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nelson Cox	FULL MAIDEN NAME	Ida Hampton
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. Born alive 2:36 p M (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 1-14 1914 Edwin Cartler Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433.124.006-366

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

[redacted] OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

Registration District No. 69 File No. 18795

No. _____ St.

Primary Registration District No. 2147 Registered No. 233

Hospital _____

FULL NAME OF CHILD (Walter) Holmes McCleary

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Male		Yes	Feb 24 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Wm McCleary	FULL MAIDEN NAME	Jessie T Cook
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	Yo AGE AT LAST BIRTHDAY 29 (Years)	COLOR	Yo AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Kas	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2:30 P M on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. W. Roberts M.D.

(Physician or midwife)

Given names added from a supplemental report.

_____ 19__

Address Shelley

Filed 1-14 1914 Edwin Cutler Registrar

Registrar

S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Mc CLEARY

DUP OF 1913 – 273349

217-203-006-633

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Shelley

No. _____ St.

Hospital _____

Registration District No. 69 File No. 18796

Primary Registration District No. 2147 Registered No. 236

FULL NAME OF CHILD Ida Lorraine Sage

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female				yes	Dec 8 1913

FATHER		MOTHER	
FULL NAME	Benjamin Sage	FULL MAIDEN NAME	Minnie Ott
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	Home work

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) J. W. Edwards M.D.

(Physician or midwife)

Address Shelley

Filed 1-14 1914 Edwina Cutler Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental re[illegible]

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

Own Child's Birth Cert. on file: (Idaho Birth) #256861 gives full maiden name of mother as Ida Iorraine Sage - viewed by V.S. Photo Copy of Page from Family Record, appears old and maltered - page titled Births gives one child's full name as Ida Iorraine Sage, born December 3, 1913 - parent's names are given as Ben Sage, born Oct. 28, 1881 and Minnie Sage, born Sept. 9, 1883 - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 6 1964
Bureau of Vital Statistics

State of New Mexico } ss.
County of Bernalillo

Certificate No. 18796

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Sage (female child) (Name on Original Certificate) who was born (Was Born or Died) on Dec. 3, 1913 (Date of Event) in Shelley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ida Sage
		Ida Lorraine Sage

Subscribed and sworn to before me this 10th day of [illegible] 1964

[illegible]

Notary Public, residing at Albuquerque, N.M.

My commission expires Dec. 2 1967

(Seal)

Signed Ben Sage Father

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 1964

[illegible]

Notary Public, residing at [illegible]

My commission expires [illegible]

(Seal)

Signed [illegible]

(Signature of Any Credible Person)

[illegible]

(Street Address, City, State)

(Castes)

FORM DH 60-155 CL 12-27-63. nm

APR 8 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-219-006-255

PLACE OF BIRTH

Form V. S. No. 11-O—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Shelley

No. ..... St.

Hospital .....

Registration District No. 69 File No. 18797

Primary Registration District No. 2147 Registered No. 227

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
F		yes	12 (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Smith Thomas Johnson	FULL MAIDEN NAME	Olive Senn
RESIDENCE	Shelley	RESIDENCE	Shelley
COLOR	W. AGE AT LAST BIRTHDAY 32 (Years)	COLOR	W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 30/4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 12-30 1913 Edwin Cutler M.D.

Registrar Registrar

S-Y CO. 20174

799.103.006-864

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

18798

County of Bingham

City of Jamestown

No. ..... St.

Registration District No. 69 File No. .....

Primary Registration District No. 247 Registered No. 228

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	12 – 3 – 1913

FATHER	MOTHER
FULL NAME W. E. Priest	FULL MAIDEN NAME Mable Young
RESIDENCE Jamestown	RESIDENCE Jamestown
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION H. K.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 30/A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley, Ida.

Given names added from a supplemental report

..... 19.....

Filed 12 – 30 1913 Edwin Cutler M. D.

..... Registrar

Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-326143

553-128-006-595

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 69 File No. 18799

Primary Registration District No. 2147 Registered No. 229

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
M	Twin	1	yes	12 (Month) 28 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel Nelson	FULL MAIDEN NAME	Dina Nielson
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	H. K.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address Shelley

Filed 12-30 1913 Edwin Cutler M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

553.128.006-595

PLACE OF BIRTH

County of Bingham

City of Firth

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 67 File No. 18800

Primary Registration District No. 2147 Registered No. 230

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	twin		2	yes	12 - 28 - 13

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Axel Nelson	FULL MAIDEN NAME	Dina Nelson
RESIDENCE	Firth	RESIDENCE	Firth
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	L. K.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 5:10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edwin Cutler M. D.

(Physician or midwife)

Address Shelley

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 12-30 1913 Edwin Cutler M.D.
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.